A green oval with white text

Description automatically generated

**HAF Drama Spring 2024**

**Tuesday 2nd – Friday 5th April**

**Monday 8th and Tuesday 9th April**

**11am – 3pm**

**If there are any dates that you know you cannot attend please let us know.**

**Participant Application Form**

Please fill in your details below to apply to join this project. Forms need to signed by a parent/guardian.

If you would like to find out more about this project please:

**Email** Caroline at [carolinefunnell@btinternet.com](mailto:carolinefunnell@btinternet.com) or visit our website,

Or [www.brixtonyouththeatre.com](http://www.brixtonyouththeatre.com)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First name** |  | | | |
| **Surname** |  | | | |
| **Address** |  | | | |
| **Mobile phone number** |  | | | |
| **Home phone number** |  | | | |
| **Email address** |  | | | |
| **School / College** |  | | | |
| **Age** |  | | **Date of Birth** |  |
| **Emergency Contact details:**   * **Name:** **Tel**: | | | | |
| **Medical Conditions/Special Requirements** | | | | |
| Do you have any allergies: | | No | | |
| Please let us know of any dietary requirements we should be aware of: | |  | | |
| Please let us know of any access requirements or medical information we should be aware of: | |  | | |
| **Parent/Guardian consent** (for participants under 16) | | I give consent for this participant to attend Brixton Youth Theatre (BYT). **Signature of parent/guardian**:  ...................................................................... | | |
| **Photography & Video Consent by parent/guardian** | | I give consent for this participant to be photographed and/or filmed Images and video may be used to promote BYT activities and future projects, including on BYT website and social media platforms. No names will be used.  **Signature of parent/guardian:**  .........................…....…………………………… | | |
| **Parent/Guardian contact details** | | **Name:** | | |
| **Email:** | | |
| **Mobile:** | | |
| **Home/work phone number:** | | |

Our funders often require statistics about the people participating in our projects. If you are happy to share these details, please complete the questions below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Gender**  Please circle | | **Female Male Prefer not to say** | | | | |
| **Ethnicity** | | Please tick one option below. These categories are specified by our main funders. | | | | |
|  | Turkish | |  | Kurdish |  | Mixed Ethnicity |
|  | Pakistani | |  | Black caribbean |  | White & Asian |
|  | Bangladeshi | |  | Black Congolese |  | White I& Black British |
|  | Indian | |  | Black Nigerian |  | White & Black Caribbean |
|  | Other Asian | |  | Black Somali |  | Other mixed ethnicity |
|  | Chinese | |  | Black British |  | White British |
|  | Moroccan | |  | Black African |  | White Irish |
|  | Latin South American | |  | Black Other |  | Albanian |
|  | Filipino | |  | Iranian |  | Kosovan |
|  | Turkish Cypriot | |  | Other Background |  | White European |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Benefit Related Free School Meals |  |  |
|  | Refugee or Asylum Seeker |  |  |
|  | Child-Looked After or Under Special Guardianship |  |  |
|  | Claiming benefits |  |  |
|  | Without recourse to public funds |  |  |
|  | SEND/Additional needs (please give more information) |  |  |

**Return this form to:**

[carolinefunnell@btinternet.com](mailto:carolinefunnell@btinternet.com) **or call Caroline to register 07958 448690**

**The project will take place at St Vincents Brixton, Talma Road SW2 1AS**