

# Barton Hill Settlement

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# Youth Theatre Registration Form

N.B. This information is strictly confidential and will not be available to third parties. It will be deleted from our records if your child decides to leave the youth theatre unless you specifically request to be kept on the mailing list newsletter.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **THE YOUNG PERSON** | | | | | | | | |
| Name | | | | | Age on 1/09/16 \_\_\_\_\_\_\_Years \_\_\_\_\_\_\_ Months  Date of Birth | | | |
| Name of school | | | | | Youth Theatre Group (please tick)  4-6s  7-10s  11-13s  14-19s | | | |
| Learner Type (you may tick more than one) | | | | | Visual  Auditory  Linguistic  Physical | | | |
| **PARENT/GUARDIAN** | | | | | | | | |
| Name of Parent/Guardian | |  | | | | | | |
| Address | |  | | | | | | |
| **Postcode** | |  | | | | | | |
| Contact telephone number | | Home |  | | | | Work |  |
| Emergency Contact number | |  | | | | | | |
| Email address | |  | | | | | | |
| For relevant information e.g. term start dates, theatre ticket offers and casting, how would you prefer us to contact you? | | | | | | Email  Phone  Post | | |
| If you would like to receive an E Newsletter please tick here | | | | | | | | |
| **PERMISSION** | | | | | | | | |
| I give permission for my child to attend Travelling Light’s youth theatre and to hold their contact details. I understand the Youth Theatre costs £35 per term, and bursaries are available upon request. | | | | | | | | |
| Parent/Guardian Signature | | Signature\* | | | | | | |
| **FOR OVER 12’S ONLY** | | | | | | | | |
| I consent to allow Travelling Light to contact my child via e-mail or mobile (tick)  Yes  No | | | | | | | | |
| Young Person’s Mobile |  | | | | Young person’s E-mail | | |  |
| **ADDITIONAL INFORMATION** | | | | | | | | |
| Please give details of any known medical conditions, disabilities, special requirements (including dyslexia), allergies etc that we should know about (continue on separate sheet if necessary): | | | | | | | | |
| Do you consent to your child being given medical treatment in case of an emergency? | | | | yes  no (please tick as appropriate) | | | | |
| Please could you indicate how your child will get home after youth theatre. | | | | I will collect my child  My son/daughter will come home on their own | | | | |
| Do you give permission for your child to be photographed and/or videoed? | | | | yes  no (please tick as appropriate) | | | | |
| Do you give permission for Travelling Light to use photos or videos for publicity purposes eg website, newsletters etc? | | | | yes  no (please tick as appropriate) | | | | |



**EQUAL OPPORTUNITIES MONITORING FORM**

Travelling Light is committed to equality and diversity and we aim to ensure that no-one receives less favourable treatment on the grounds of race, colour, nationality, ethnic or national origin, sex, culture, disability marital status, sexuality or age.

**Monitoring is part of this process to help us identify areas of under-representation and to assess those areas where positive action is needed**.

Your co-operation in completing this form is greatly appreciated. Information given to us will be strictly confidential. **You are not obliged to fill in any of the questions**. If you do not wish to answer any particular question or questions, please feel free to leave it blank.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Ethnic Origin*** | | | | | | | | | | | | |
|  | White | | |  | | | | Mixed Heritage | | |  | |
|  | White British | | |  | | | | Black Caribbean/White | | |  | |
|  | White Irish | | |  | | | | Black African/White | | |  | |
|  | White Polish | | |  | | | | Asian/White | | |  | |
|  | Other White | | |  | | | | Chinese/White | | |  | |
|  |  | | |  | | | | Other Mixed Heritage | | |  | |
|  |  | | | | | | |  | | |  | |
|  | Black or Black British | | |  | | | | **Asian or Asian British** | | |  | |
|  | Black Caribbean | | |  | | | | Asian Indian | | |  | |
|  | Black African | | |  | | | | Asian Pakistani | | |  | |
|  | Black Somali | | |  | | | | Asian Bangladeshi | | |  | |
|  | Other Black  | | | | |  | | Asian Chinese | | |  | |
|  |  | | | | |  | | Other Asian | | |  | |
|  | **Other ethnic origin (please state) :**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |  | | |  | |
|  |  | | |  | | | |  | | |  | |
|  |  | | |  | | | |  | | |  | |
| *Please tick as appropriate* | | | | | | | | | | | | |
| Male | | |  | | | | Female | | |  | | |
|  | | | | | | | | | | | | |
| *Do you consider yourself to be disabled?* | | | | | | | | | | | | |
| Yes | | |  | | | | No | | |  | | |
|  | | | | | | | | | | | | |
| *What age group do you belong to?* | | | | | | | | | | | | |
| 4- 6 7– 11 | |  | 12- 13 | |  | | 14 - 19 | |  | 19 - 25 | |  |

**THANK YOU FOR YOUR HELP.**