

# Barton Hill Settlement

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# Young Critics 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 programme unless you specifically request to be kept on the mailing list newsletter.

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| **THE YOUNG PERSON** |
| Name | Age on 1/09/16 \_\_\_\_\_\_\_Years \_\_\_\_\_\_\_ MonthsDate of Birth  |
| Name of school (If applicable) |
| **PARENT/GUARDIAN** |
| Name of Parent/Guardian |  |
| Address |  |
| **Postcode** |  |
| Contact telephone number | Home |  | Work |  |
| Emergency Contact number |  |
| Email address |  |
| For relevant information e.g. Young Critics Programme Info, 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 Young Critics Theatre Trips and to hold their contact details. I understand the Youth Critics is free, and my young person may ask for £3 travel reimbursement if they keep their ticket. I give consent for Travelling Light Staff to accompany my child to and from the venue when necessary.  |
| 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 generally travel to see shows? (Please tick all that apply) | [ ]  I will drop off/ collect my child at the venue[ ]  I will drop off/collect my child at Barton Hill Settlement and they will make their way there with Travelling Light[ ]  My son/daughter will make their own way there/back  |
| 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) |
| Do you give permission for Travelling Light to share photos or videos with third parties, e.g. Arts Council England? | [ ]  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.

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| ***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 |  |