



Application Form

Children’s Theatre (age 7-12 years)

Youth Theatre (age 12-17 years)

To be completed and signed by parent/carer. Please complete ALL sections using block capitals. All details will be treated as strictly confidential.

Name of Applicant:..... Male Female

Address.....

Post Code:..... Phone Number:.....

Date of Birth:..... Age:..... School Attended:.....

Email:.....

EMERGENCY CONTACT PHONE NUMBERS

Please ensure that you give us two numbers to ring. We may need to contact you during the time of your child’s session. We would always contact the parent/carer in the first instance

Please print numbers and names carefully.

1) Name of parent/carer:.....
Emergency contact phone number:.....

2) Name of second contact person, phone number and their relationship to your child:.....
Emergency contact phone number:.....

Please state why you would like your child to be part of this Inclusive Theatre Group and where you heard about it.

Is there any information which you feel may be useful for us to know? (social, religious or cultural, any specific needs you feel your child may have in relation to the session, which could help us to plan for your child’s involvement)

CHICKENSHED

For further information about Tram Shed:
07852 498427 tramshedtheatre@hotmail.co.uk
For further information about Chickenshed:
0208 351 6161 ext 207 info@chickenshed.org.uk
www.chickenshed.org.uk

Is there any special protocol/procedure we should be aware of in dealing with your child? (e.g. procedures for supporting a child with epilepsy.) Please indicate your child's condition here and then you must provide details of the procedure to follow on a separate sheet with your child's name and your contact phone number listed at the top.

Ethnic Origin Information – We require this information for funding and monitoring purposes.

WHITE		ASIAN		BLACK	
British	<input type="checkbox"/>	Asian British	<input type="checkbox"/>	Black British	<input type="checkbox"/>
Scottish	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Welsh	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	African	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Other Black background	<input type="checkbox"/>
Other White background	<input type="checkbox"/>	Other Asian background	<input type="checkbox"/>		
CHINESE		MIXED		OTHER ETHNIC BACKGROUND	
Chinese British	<input type="checkbox"/>	Any mixed background	<input type="checkbox"/>	Other background	<input type="checkbox"/>
Chinese	<input type="checkbox"/>			Please specify	
Other Chinese background	<input type="checkbox"/>				

PHOTOGRAPHY/VIDEO PERMISSION & DATABASE CONSENT

Occasionally the Children's & Youth Theatre sessions may be filmed or photographed for monitoring and general press and publicity purposes, including use on our websites, social media and in reports.

I give permission for my child to be filmed and photographed.

Signature of Parent/Carer:

Print your name:

TramShed send out monthly e-bulletin of important information including term dates, holidays, workshop changes and other news. If you do not wish to receive this, please tick here

PLEASE RETURN this application form to:

TramShed
PO Box 262
Lowton
Warrington
WA12 2BS

07852 498427

tramshedtheatre@hotmail.co.uk

CHICKENSHED

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