



Application Form

Youth Theatre (13-16 Years)

Please complete ALL sections using block capitals. All details will be treated as strictly confidential.

Name of Applicant:		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Prefer Not to Say	<input type="checkbox"/>
Address:							
Post Code:				Phone Number:			
Date of Birth:		Age:		Email:			
School Attended:							
Emergency Contact 1		Name:			Phone Number:		
Emergency Contact 2		Name:			Phone Number:		
Please state why you would like to be part of TramShed 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 you may have in relation to the session, which could help us to plan for your involvement).							

As a member of TramShed, is there any special protocol/procedure we should be aware of during workshop sessions? (e.g. supporting an individual with epilepsy). Please indicate your condition here and provide details of the procedure to follow.

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 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

You can follow TramShed on Facebook, Twitter & Instagram - @tramshedtheatre

PLEASE RETURN this application form to:

TramShed Theatre Company
 PO Box 262
 Lowton
 Warrington
 WA12 2BS

07852 498427

tramshedtheatre@hotmail.co.uk