

APPLICATION & REGISTRATION FORM



TO BE COMPLETED AND SIGNED BY PARENT OR CARER. ALL DETAILS WILL BE TREATED AS STRICTLY CONFIDENTIAL.

Please tick the project you are interested in your young person attending:

Children's Theatre (7-10 years)
Monday 5pm-6.30pm

Youth Theatre (11-16 years)
Monday 7pm – 8.30pm

Training Band (7-10 years)
Tuesday 4.30pm – 5.30pm

Shed Band (11- 16 years)
Tuesday 5.30 – 7pm

Shed Moves 1 (7-10 years)
Wednesday 4.30pm – 5.30pm

Shed Moves 2 (11-16 years)
Wednesday 5.30pm – 6.30pm

Older Acting Group (14-19 years)
Wednesday, 6.30pm-8pm

Big Noise (7-16 years)
Thursday, 4.30pm – 5.30pm

Holiday Activities (7-16 years)
School holidays, 10am- 4pm

Residential (11-16 years)
3 days, 2 nights – dates tbc

Children's & Youth Theatre takes place at **Haringey 6th Form Centre, White Hart Lane, N17 8HR**
All other activities take place at **the Haringey Irish Centre, Pretoria Road, N17 8DX**

Your Young Person:

First Name:

Family Name:

Date of Birth:.....

Gender : Male / Female

School attended:.....

Parent/ Carer:

Your Name:Relationship to Young Person:.....

Address:

.....Postcode:

Tel No (home)Tel No. (mobile)

Email :.....

Emergency Contact Person (in case we cannot get in touch with you in an emergency)

Name:..... Relationship :(Grandparent/Friend,etc).....

Mobile:.....

About your young person:

Does your young person have a disability or any additional support needs? **YES** **NO**

If yes please tell us more

Please state why you feel your young person would benefit from joining our inclusive theatre company:

Is there any other information which you feel would be useful for us to know?

How did you hear about Haringey Shed?

Travel Permission:

Do you give permission for your young person to travel alone to and from Haringey Shed? **YES** **NO**

Do you give permission for your young person to leave the premises during breaks? **YES** **NO**

Personal Circumstances

Are there any personal circumstances of which we should be aware? Such as

- In care / looked after child
- Young Carer
- Other, please describe
- Refugee / Asylum seeker
- Not in Education/ Risk of Offending

Please give details:.....

Medical

Does your young person suffer from any serious health condition? **YES** **NO**

e.g. heart condition, severe asthma, diabetes, epilepsy or any severe allergies

If yes please tell us more:.....

Medical Consent:

In the event of an accident/incident, I consent to emergency treatment being carried out on my child : **YES** **NO**

How would you describe the ethnicity of your young person? Please tick one of the boxes below.

A White

- British
- Irish
- Other White background:
.....

B Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Other Mixed background:
.....

C Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Other Asian background:
.....

D Black or Black British

- Caribbean
- African
- Other Black background:

E Chinese or other ethnic group

- Chinese
- Other:.....

Media Consent

In accordance with our safeguarding policy we will not permit photographs, video or other images of young people to be taken without the consent of the children or the parent if the child is under 18 years old.

By giving media consent you grant Haringey Shed full rights to use the images resulting from photography/video film, and any reproductions or adaptations of the images for fundraising, publicity or other purposes to help achieve the group's aims. This might include (but is not limited to) the right to use them in our printed and online publicity, social media, press releases and funding applications.

Do you give permission for your young person to have media consent at Haringey Shed? YES NO

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Membership

Membership is **£50** per term. A concessionary rate of **£25** is available.

Our criteria for the concessionary rate is if parents/carers are currently receiving: Job Seekers Allowance (JSA), Income Support (IS) or if you are a full-time student. You will be asked to provide proof of your entitlement.

We have free places available through our bursary scheme, if you have difficulty making payments please speak to us.

I have read and agree to the above and give permission for my young person to attend Haringey Shed

SIGNATURE..... DATE

Your name..... Relationship to child.....

**Please return to: Haringey Shed (Membership)
The Irish Centre, Pretoria Road, Tottenham, London N17 8DX
Tel: 020 8801 7209 / 07850 617 169
e-mail: info@haringeyshed.org**