

YOUR DETAILS (It's all about you)

FULL NAME				
ADDRESS				
POSTCODE				
TELEPHONE				
EMAIL				
DATE OF BIRTH	AGE	GENDER	F <input type="checkbox"/>	M <input type="checkbox"/>
SCHOOL / LAST SCHOOL ATTENDED				

ACCESS, MEDICAL CONDITIONS AND INJURY

Does the participant have a disability, learning/education need, access requirement or injury that we need to know about?

- | | | |
|---|--|---|
| <input type="checkbox"/> General physical | <input type="checkbox"/> ADHD | <input type="checkbox"/> Sensory impairment |
| <input type="checkbox"/> Learning/educational | <input type="checkbox"/> Multiple | <input type="checkbox"/> Access |
| <input type="checkbox"/> Rare condition | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Not diagnosed |
| <input type="checkbox"/> Autistic Spectrum Disorder | <input type="checkbox"/> Other | <input type="checkbox"/> Allergies |

PLEASE SPECIFY

Does the young person take responsibility for administering his/her own medicine?

- Yes No

IF YES, PLEASE GIVE DETAILS

DATA PROTECTION

GLYPT and our delivery and funding partners* may keep your information on file for our recording and monitoring purposes. All personal data will be processed in strict accordance with the Data Protection Act 1998 and will be processed for the purpose to which this form relates. Occasionally we will send you information about other activities that we think might interest you. By completing and signing this form you are consenting to us keeping your data.

- Please tick if you would prefer NOT to receive information from us.

*Funding/delivery partners include Lewisham Council, Arts Council England, Futureversity, Greenwich Council, London Urban Arts, Montage Theatre Arts, Hangar Arts, Stepz School of Dance and Parkour Dance

COURSES (Take your pick!)

WHERE YOU WILL BE ATTENDING?

- Lewisham: Bonus Pastor College, Winlaton Road, Downham, BR1 5PZ
 Greenwich: The Tramshed, 51-53 Woolwich New Road, London, SE18 6ES

WHICH COURSE ARE YOU SIGNING UP FOR?

Please clearly write the course title of your **FIRST** choice of course.

WEEK ONE

1ST CHOICE COURSE *

WEEK TWO

1ST CHOICE COURSE *

WEEK THREE

1ST CHOICE COURSE *

OTHER GREENWICH COURSES

STEPZ STREET DANCE 24th – 26th August (£10 per person)

- Age: 5-8 Age: 9-12 Age: 13-19

PROGRESSION

- I am aged 16-25 and interested in joining Progression

**COMEBACK SPECIAL:
THE PROFESSIONAL PROCESS** (1st – 4th Sept)

- I am interested in finding out more information about Progression's Comeback Special: The professional process with Greg Wohead

* COURSES CAN GET FULLY BOOKED QUICKLY, SO TO AVOID DISAPPOINTMENT, PLEASE LET US KNOW ANY OTHER COURSES YOU MAY LIKE TO SIGN UP FOR

If both choices are fully booked, you will be put on a waiting list and we will let you know if places become available.

GLYPT PHOTOGRAPHIC & VIDEO CONSENT

Occasionally we commission photographs or video recordings to be taken of participants of our workshops for publicity and marketing purposes, including our website, social media and brochures. We request that you tick one of the following boxes for our records.

- YES** - I give permission for my child to be photographed and/or videoed, and for the photographs to be used by GLYPT and their funding & delivery partners.
 NO - I do NOT wish my child's photograph to be taken or used by GLYPT.

EMERGENCY CONTACT OF PARENT OR CARER

NAME	
RELATIONSHIP TO CHILD	
ADDRESS	
POSTCODE	
HOME PHONE	MOBILE

MEDICAL INFORMATION

DOCTOR
SURGERY NAME/ADDRESS
TELEPHONE NUMBER

ETHNICITY MONITORING

The following information will be used to make sure we are working with all communities in the boroughs. It will not be used to identify you personally.

Please indicate your child's ethnicity (tick in the appropriate box):

- | | | | |
|-------|---|--|--|
| WHITE | <input type="checkbox"/> British | <input type="checkbox"/> Irish | <input type="checkbox"/> Western European |
| | <input type="checkbox"/> Eastern European | <input type="checkbox"/> Other | |
| ASIAN | <input type="checkbox"/> British | <input type="checkbox"/> Indian | <input type="checkbox"/> Pakistani |
| | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Tamil | <input type="checkbox"/> Other |
| BLACK | <input type="checkbox"/> British | <input type="checkbox"/> Caribbean | <input type="checkbox"/> African |
| | <input type="checkbox"/> Other | | |
| MIXED | <input type="checkbox"/> White/Asian | <input type="checkbox"/> White/black African | <input type="checkbox"/> White/black Caribbean |
| | <input type="checkbox"/> Other | | |
| OTHER | <input type="checkbox"/> Chinese | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other |

IF OTHER, PLEASE SPECIFY

WHERE DID YOU FIND OUT ABOUT US?

- Through school/college Through a friend
 My parents/guardian/carer On the internet
 Through brochure Through email
 Through an SMS text

SIGNATURES

By signing below you endorse this applicant to become a member of GLYPT, confirm the information provided is correct and give permission for medical or dental treatment to be administered in an emergency situation only, by medically qualified persons, on behalf of the parent/guardian/carer.

If the mobile phone number of the young person has been supplied, please be aware that we may use that number to alert the young person to last minute changes to activities, i.e. unexpected closure or change of venue, without further permission. Also, we may send information about other courses directly to that number, or may contact them for feedback about our services.

PARENT/CARER NAME	RELATIONSHIP TO APPLICANT
PARENT/CARER SIGNATURE	DATE

If you are under 18, your parent/carer must give their permission for you to attend GLYPT's Summer Arts College by signing above. We can't accept your application without this signature.