

For The Garage office use only:

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APPLICATION FORM

Name of activity:			
Name		Date of Birth	
Address		Telephone	
		Mobile	
Postcode		Email	
In Case of Emergency Contact:			
Name		Telephone	
Relationship		Mobile	
Name		Telephone	
Relationship		Mobile	
Doctor's Surgery & Telephone		Doctor's Name	
Medical/Allergies			
If you are on any medication (including asthma inhalers) then please be aware that you will need to bring it with you and take charge of it yourself. We cannot supply or administer treatment/medicine for you or on your behalf.			
Access/Support needs			

PERMISSIONS. Please tick boxes if you agree with the statements:

- Mailing List:** I am happy to be added to The Garage mailing list.
- Medical:** I give permission that, in the unlikely event of a medical emergency, a member of Garage Staff or person contracted to The Garage may perform first aid on the young person named above, accompany them to get medical treatment and have the authority to authorise any treatments that may be deemed necessary in my absence.
- Media Release:** I give permission for images and recordings of the young person named above to be used by The Garage and its partners. These will only be used as follows: Use of photos, video or audio recordings in marketing, training and information materials; Release of photos and recordings to the media to publicise the activity and the work of The Garage and its partners; Use of photos, audio and video recordings on the Garage website or partner websites to promote awareness of the activities and the involvement of young people in the arts. **Images will only be used to present the young people in a positive way.**
- Off Site and Outside Activities:** I give permission for the young person named above to take part in offsite and outside activities arranged by The Garage in connection with this project/workshop/work experience/volunteering.
- Performance:** I give permission for the young person named above to take part in performances arranged and supported by The Garage.

Disclosure: Application forms will be re-issued and the information will be collated every 6 months.
Please inform us of any change in your contact details.

Sign and Date. Under 18s need this form to be signed by a parent or carer. Over 18s can sign their own.				
Name:		Signed:		Date:

How did you here about The Garage / this activity?	<input type="checkbox"/> Brochure/ Flyer <input type="checkbox"/> Friend/ Family <input type="checkbox"/> School/ College <input type="checkbox"/> Garage Website	<input type="checkbox"/> Radio <input type="checkbox"/> Newspaper Advert <input type="checkbox"/> Other (please state) _____
Are you currently studying For your Arts Award ?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which level?	
We can offer you information and advice about the Arts Award. If you would like to find out more, please tick the relevant box.	<input type="checkbox"/> Please contact me regarding information about the Arts Award <input type="checkbox"/> Please contact me regarding advice about continuing my Arts Award	
If you are interested in Volunteering opportunities at The Garage please tick this box and we will add you to our volunteer database	<input type="checkbox"/> Yes Area of interest:	

Bursary Entitlement -

If you live in the NR5 8 Postcode you could be eligible for a free bursary place on our activities. Bursary places are limited, however discounted places for low income applicants are also available.

PLEASE NOTE – Without a COMPLETED application form AND PAYMENT / PROOF OF ELIGIBILITY for a Discounted or Bursary place, you are NOT guaranteed a place on our activity

<input type="checkbox"/> I am applying for a bursary place and live in NR5 8	Proof of eligibility: Please provide current proof of address i.e recent bank statement, utility bill, or provisional/ driving license.
<input type="checkbox"/> I would like to apply for A discounted place	Proof of eligibility: Please provide proof that you or your parent/ guardian are in receipt of benefits or provide us with your 'Go 4 Less' Card (for further details visit www.norfolk.gov.uk or call 0844 980 3333)

Thank you for taking the time to fill out this form. Please return it to:
The Garage,
 14 Chapel Field North
 Norwich, NR2 1NY
 Tel: 01603 283382 www.thegarage.org.uk
 You can also email any questions or scanned completed forms to
takepart@thegarage.org.uk

Information is always kept confidential and will only be accessed by Garage staff our partner agencies.

Please let us know if you would like this information in another format such as large type or audio.

The Garage office use only:	
Payment Details £	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Proof of identification and eligibility seen for bursary place?	
Proof of identification and eligibility seen for discounted place?	
Expiry date of 'Go 4 Less' card :	



Equal Opportunities Form 2011

This data is important to provide us with information about who is using us so that we can ensure activities are open and accessible to as diverse a group of young people as possible. We understand that you may feel apprehensive about providing some of this information, but we can assure you that this information will remain anonymous, confidential and serve to provide fun, engaging activities open to everyone. Thank you for taking the time to complete this.

Age	
5—11 years	
12—19 years	
20—24 years	
25—35 years	
36 years +	

Gender	
Female	
Male	
Prefer not to say	

Disability	
Learning Difficulty	
Long term or life-limiting illness	
Mental health issues	
Multiple Disabilities	
Physical Disability	
Sensory Disability	
Prefer Not To Say	

Education	
No Qualifications	
NVQ	
GCSE or level 1+ 2 equivalent	
A Level or level 3 equivalent	
Degree or level 4 equivalent	
Post-graduate	
Other	

Please tick any boxes that apply to you, however you may choose not to say if you would prefer.

Ethnicity	
Asian or Asian British	
Indian	
Pakistani	
Bangladeshi	
Chinese	
Other Asian background	
Black or Black British	
Caribbean	
African	
Other Black background	
Dual Heritage	
Black Caribbean & White	
Black African & White	
Asian & White	
Other Dual Heritage background	
Roma and Travellers	
Roma	
Irish Traveller	
White	
White British	
White Irish	
Other White background	
Other Ethnic Group	
Other	

Employment, Education, Training Status	
Employed	
Not Employed	
In Education / Learning	
In Training	
Self-employed	
Other	

Additional Information	
I am currently on a low income	
I am currently without a fixed address	
I am on an order to the Youth Offending Team or Courts	
I am currently in or leaving care	
I am currently a refugee or asylum seeker	
I am a young parent	
I am currently a young carer	

Thank you!