Please download and fill in this form- do not fill in the form online

Phoenix Theatre Company Booking Form

While completing this form, please ensure you read all the information in the red boxes including the final red box entitled: **General Data Protection Regulation 2016 (GDPR) / Data Protection Act 2018 (DPA)**

This form should be completed by a parent / guardian unless the participant is over 16

Name of Participant:

Age:

Date of Birth:

Preferred Pronouns:

Name of Parent / Guardian:

Address:

Post code:

Home phone number:

Parent's mobile number:

Parents' email addresses:

If the Student is over the age of 13 and would like us to contact them directly via telephone and email, you may if you agree to this contact provide their contact details below. Any communication via email will be sent to you and the Student, so you are aware of exactly what has been sent. Information will not be sent to a student under the age of 16 years if there is not a corresponding parental / guardian email address to copy in.

ONLY FOR STUDENTS OVER THE AGE OF 13

Participant Mobile Number:

Participant's Email address:

Emergency Contact Names and Telephone Numbers:

We ask for the name and contact details of two further adults in case of emergency and in case the principal contact named above is not available. Please ensure that you have their permission for us to hold their data; please tick the boxes to confirm they have given their consent.

Contact 1:
Telephone Number:

Relationship to Child:

Contact 2:
Telephone Number:

Relationship to Child:

ANY RELEVANT MEDICAL INFORMATION: *(if this is not applicable please write 'none')*

ANY ACCESS NEEDS OR ANYTHING USEFUL WE SHOULD KNOW:

DO THEY REQUIRE a BSL interpreter: YES/NO

Please return this form to:
projectshewolves@gmail.com Hannah-Tel: 07929168436

General Data Protection Regulation 2016 (GDPR) / Data Protection Act 2018 (DPA) - Privacy Notice.

Under the GDPR and DPA, Shewolves Productions is a Data Controller for the information it holds about you and the Student being enrolled with the Group. We will hold the information provided on this application form provided by you for enrolling a Participant with Project and keeping in touch with you about theatre matters. The lawful basis under which the we uses personal data for this purpose is Contract, Consent and Legitimate Interest.

The information provided by you includes the following special categories of personal data:

- physical or mental health

Special Category Data is used by the Council on the basis of Consent in accordance with the provisions of the Data Protection Act 2018.

Subject to some legal exceptions, you have the right to request a copy of the personal information we holds about you; to have any inaccuracies corrected; to have your personal data erased; to place a restriction on our processing of your data; to object to processing; and to request your data to be ported (data portability).

If you have any concerns or questions about how your personal data is processed, please contact us

I confirm that I have read and agree to the Terms & Conditions listed above and that I understand how you process and stores mine and my child's (the participants) information, having read all the GDPR information in this application form. I confirm that I have Parental Responsibility for the following named student:

(A student can confirm / sign if they are over 16)

Name of Student:

Name of Parent/Guardian/person with Parental Responsibility:

Print Name:

Signed:

Date:

I understand and agree to the following statements:

- ☐ I give permission for the young person (the participant) to attend the project and participate in all activities and special events.
- ☐ Performance dateor to, or post sessions.

Please confirm acceptance: YES/NO

Dropping Off and Collection- Please let us know if you will be dropping them off and collecting them or if they will be arriving on their own:

How will your child be travelling to the sessions? Ie.e. bus/car/walking/tram etc:

Consent for photographs/recordings to be taken

- ☐ Photographs and Video recordings are used to document the work for publicity purposes (including social media) in order to evaluate and promote the group.

Do you give permission for the above named student to appear in photographs / video recordings for the purposes of Shewolves Productions, Rebel Sparks and Lakeside Arts. Photographs and video content may be used for the promotion of the group and performances and will be used on the Website and social media platforms.

Please confirm acceptance: YES/NO

DISCLAIMER FORM- SHEWOLVES
PERMISSION FORM TO ARRIVE/LEAVE UNACCOMPANIED

NAME OF PARTICIPANT:

I agree to the above named student arriving and leaving unaccompanied before and after the sessions.

NAME OF PARENT / GUARDIAN *(please print, including title):*

SIGNATURE OF PARENT / GUARDIAN:

DATE: