

Participant Registration Form

If you do not know the answer to a question, leave it blank (unless it has a red star next to it)

If you need help to fill out this form please phone us on 01962 827352

* Indicates required question

1. Your name *

2. Your address *

3. Postcode *

4. Email address

5. Date of Birth *

Example: 7 January 2019

6. Please write the phone number we can use to contact you *

7. Which Blue Apple group are you applying to join?

For example: Monday Company Drama, Wednesday Company Drama, Tuesday Special Assignments Company, Monday Singing, Tuesday Dance, Thursday Chestnut Theatre, Saturday Young Online Performing Arts. If you don't know yet, then just leave this blank.

8. How did you hear about Blue Apple?

Mark only one oval.

- Family/friends
- From another organisation that I attend
- Eventbrite
- Newspaper article
- Blue Apple social media
- Blue Apple website
- Other: _____

9. Name of your emergency contact (This should be either your legal guardian, for * example a parent, or someone we should contact in the event of an emergency)

10. Phone number of your emergency contact *

11. Email of your emergency contact (if possible)

12. If you have a support worker please write their name, phone number and email address below.

13. Please tell us how you will travel to and from sessions so that we know who to contact if there is a problem, for example, who provides a lift or which bus you get, name of the taxi firm you use

14. Tell us what you want to achieve with Blue Apple Theatre

Medical details

Blue Apple only needs to know your medical details in case there is an emergency. These details will be kept confidentially.

Blue Apple staff cannot help you take your medication.

15. Please use the space below to tell us about any medication you take and any allergies if you have them.

16. What is your disability? For example, Down syndrome, Autism, PMLD, Williams * syndrome, Autism, Fragile X syndrome, Global developmental delay, Cerebral palsy

17. Does your disability affect your health? For example, hearing loss, epilepsy, * visual impairment

18. Tell us about any communication or support needs that we would need to know about

Media consent

We sometimes tell people about Blue Apple Theatre performers and shows, for example in the local newspaper, on the television, local radio, leaflets, our website and social media. We need your permission to include you in any photos, videos and voice recordings. These may also be used on partner or funder websites and in their promotional material.

19. Do you agree that we can include you in any photos, videos and voice recordings in this way? *

Mark only one oval.

I agree

I do not agree

Personal information

If we use your picture, Blue Apple promises not to put your full name on the website or in print without asking you first. We will never give anyone your address or contact details or other personal information. If we make a film we will ask you if you want your name shown in the credits.

Please note that websites can be viewed around the world, not just in the United Kingdom where UK law applies.

This consent lasts for the duration of your membership. However if you change your mind at any time please let us know.

Data protection

Blue Apple Theatre is an independent charity. We will keep the following on file:

Your personal details

Your contact details

Your record of achievement

Any concerns you or Blue Apple might have

These will be held confidentially by Blue Apple and will only be shared with Blue Apple staff and volunteers. This will help us keep in touch with you and make sure that you are safe and happy. You can ask to see your file at any time.

20. Name of the guardian providing consent on your behalf if you are under 18 years old

21. Consent to store details *

Tick all that apply.

I am over the age of 18 and confirm that I am happy for Blue Apple to store my details as described and only share them with their staff and volunteers. Please tick box to show agreement.

For guardians and emergency contacts of those under 18 years old, I confirm that I am happy for Blue Apple to store our details as described. Please tick box to show agreement

For support worker contacts. I confirm that my support worker is happy for Blue Apple to store their details as described. Please tick box to show agreement

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