

**Garrick Young REP Digital Application Form**

Thank you for your interest in being a part of the Garrick Young REP Digital Group. Once completed, please e-mail your application to [education@lichfieldgarrick.com](mailto:education@lichfieldgarrick.com). Please note that taking part in the Garrick Young REP Digital group costs £80 for the full term. If paying this fee is a challenge, then please see our Funded Places Section.

Please Read/fill in all sides of the form and the declaration.

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| --- | --- |
| Name: |  |
| Address: |  |
| Email Address (Of Parent/Guardian if Under 18): |  |
| Home Telephone: |  |
| Mobile (If under 18 please ignore and fill out the below): |  |
| *If under 18* |  |
| Parent/Guardian/Carer Name: |
| *If under 18* |  |
| Parent/Guardian/Carer Mobile: |
| Age: |  |
| Date of Birth: |  |
| Preferred Gender Pronouns (e.g her/she, he/him, they/them): |  |
| Do you have any access requirements? (If you are required to be shielding due to COVID and will be unable to physically attend rehearsals, please inform us in this section). |  |

**Key Information**

Sessions will run every Monday 18:30-21:00 from September 28th - December 14th 2020 (sessions will continue during half-term holidays).

Depending upon the Project’s development, additional delivery time may be scheduled for production purposes. E.g. filming. This will be agreed with all parties with advance notice and respect for participants time and other commitments.

We will run sessions physically where possible under the relevant guidance, however the project is designed to be able to be delivered entirely digitally, and so will continue whether physical sessions are possible or not. An orientation document will be provided ahead of the first session regarding how digital sessions will be delivered.

**You must be between the ages of 13-25 for the duration of this project in order to take part.** Applications outside of this age bracket will not be considered.

**Key Requirements**

You are not required to be able to attend sessions physically if you are unable, however, should you wish to attend virtually, it is your responsibility to ensure your availability and that you will have internet access capable of maintaining your virtual presence (e.g a Zoom call) for the full duration of the session.

**Have you engaged with Theatre before? *(If yes, please tell us what you’ve done previously, if no, please tell us what interests you about this opportunity)***

**Please tell us about any musical instruments you play and the level to which you are confident playing:**

**Funded Places**

We at the Lichfield Garrick believe that everyone is deserving of the chance to engage with creative activities, and this is why we endeavour to provide Funded Places to those whom face financial barriers to attendance. A funded place waives the registration fee for a participant. Funded places are offered on a case-by-case basis, there are no specific requirements that must be met in order to qualify. Asking for a funded place will not affect consideration of your application.

Would you like to be contacted with more information about a Funded Place (*Please highlight the applicable*) **YES/NO**?

**PLEASE PROVIDE CONSENT FOR THE FOLLOWING. IF THE PARTICIPANT IS UNDER 18, PLEASE PROVIDE PARENT/GUARDIAN CONSENT FOR THE FOLLOWING** (Please tick all that apply):

1. Future contact about similar learning projects by emailShape

2. Use of image in rehearsal or performance photographs for promotion of this project or future Lichfield Garrick projects, including show programme, with name accompanying imageShape

3. Use of image in rehearsal or performance photographs for promotion of this project orShape future Lichfield Garrick projects, including show programme, without name accompanying image

4. Permission for the child to leave the premises alone to make their own way homeShape

5. Permission for the child to leave the premises at lunch time

6. Permission for self/child to be recorded when accessing digitally delivered Shape sessions as part of safeguarding policy. (These recordings will be securely stored,

and only accessed if necessary for safeguarding practices).

If you would like more details on any of the above statements before consenting, then please get in touch as soon as possible using the details at the top of this form.

Your data will be kept for the duration of the rehearsal and performance process after which it will be securely disposed of. If you have given consent to option 1 of the above statements, then we will keep your data until two years after we cease to have any further interaction with you. If you have given consent for options 2-3 then we will keep your data indefinitely. You can withdraw consent or ask us to delete your data at any time.

**PARENT/GUARDIAN SIGNATURE**

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**MEDICAL DECLARATION**

**PLEASE GIVE DETAILS OF ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF, INCLUDING ALLERGIES.**

By doing so you give Lichfield Garrick permission to record and process this information should we require it to carry out our duty of care when you are on the premises as part of rehearsals and performance.

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The medical part of the registration form will be securely destroyed upon completion of the project.