

Shed@ThePark Theatre Company

Shed@ThePark is a totally inclusive performing arts group for children and young people of all abilities in Buckinghamshire.

With support and training from the renowned Chickenshed Theatre Company, we run performing arts workshops for children and young people aged 7 and up who attend either a mainstream or special school/college/work place.

The company follows Chickenshed's model of *inclusive* theatre and the workshops take place at **Chiltern Hills Academy**, Chartridge Lane, Chesham, Buckinghamshire HP5 2RG, **on Tuesday and Wednesday evenings during term time.**

Tuesday Workshops

Children's Theatre One

School Years 2, 3 and 4 **5.00 – 6.15 pm**

Senior Youth Theatre

Aged 16 plus **7.30 – 9.00 pm**

Wednesday Workshops

Children's Theatre Two

School Years 5 and 6 **5.00 – 6.15 pm**

Youth Theatre

School Year 7 plus **6.45 – 8.45 pm**

(`social time' from 6.30 - 6.45 for Youth Theatre)

There is a termly subscription of £50 per child and £40 for siblings. If this should prove difficult for any family, please write or speak in confidence to Viv Berry, viv@shedatthepark.co.uk or phone 07952 461344 as we would not want any child to miss out due to financial considerations.

If you would like your child to join the group, please fill out and return the attached application form, enclosing a **stamped addressed**

envelope.

Shed@ThePark
Application Form for Children's Theatre (7 – 11 years)
& Youth Theatre (11 years +)

(To be completed and signed by parent/carer. Please complete ALL sections using block capitals. All details will be treated as strictly confidential.)

Name of Applicant:		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Please indicate which group you are applying for.	Children's Theatre	<input type="checkbox"/>	Youth Theatre	<input type="checkbox"/>	<input type="checkbox"/>
Address:					
Postcode:					
Date of Birth:	AGE :				
School Attended:					
Home Phone Number:					
Email address:					
Name of Parent/Carer:					
Please supply a recent photograph of your child, if you do not have one please return the form and post the photo in later with <u>your child's name clearly WRITTEN on the back.</u>					
<div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto; padding: 10px;">Please stick photograph here.</div>					
EMERGENCY CONTACT PHONE NUMBERS	Please ensure that you give us <u>two</u> numbers to ring, if for any reason we need to contact you during the time of your child's session. We would always contact the parent/carer in the first instance) *<u>Please print numbers and names carefully.</u>				
(1) Parent/Carer Emergency Contact Phone No.	1. <input style="width: 100%;" type="text"/>				
(2) Name of second contact person, Ph. No. and their relationship to your child	2. <input style="width: 100%;" type="text"/>				

Please state why you would like your child to be part of this Inclusive Theatre Group and where you heard about it.

Is there any information which you feel may be useful for us to know? (i.e. social, religious or cultural, or any specific needs you feel your child may have in relation to the session, which could help us to plan for your child's involvement.)

Please give us information regarding your child's health, mobility, medication, schooling and any other issues which will help us meet his/her needs more fully whilst attending the inclusive theatre workshops.

Is there any special protocol/procedure we should be aware of in dealing with your child? (i.e. procedures for supporting a child with epilepsy.) Please indicate your child's condition here and then you must provide details of the procedure to follow on a separate sheet with your child's name and your contact phone number listed at the top.)

Ethnic Origin Information – Shed@ThePark & Chicken Shed Theatre Company requires this information for funding and monitoring purposes. Please complete and return the attached monitoring information.

PHOTOGRAPHY/VIDEO PERMISSION & DATABASE CONSENT

Occasionally the Children's & Youth Theatre sessions may be filmed or photographed for monitoring and general press and publicity purposes, including use on both organisations' websites.

I give permission for my child to be filmed and photographed.

Signature of Parent/Carer

Please print name

I give permission for the contact details listed on this form to be included on the database for Shed@thePark Theatre Company. (Your details will not be passed to any other organisation.)

Signature of Parent/Carer:

Date:

PLEASE RETURN this application form (enclosing a stamped addressed envelope) to
Artistic Team
Shed@ThePark
Chiltern Hills Academy
Chartridge Lane, Chesham,
Buckinghamshire HP5 2RG.

Shed@ThePark : MONITORING FORM

****PLEASE complete this form and return with your child's application.**

What is your child's ethnic group? Please choose ONE section from A to F, and then tick the appropriate box to indicate your child's background:

A White

English

Scottish

Welsh

Irish

European (please specify)

Any other White background, please indicate

B Mixed

White and Black Caribbean

White and Black African

White and Asian

White and Chinese

Any other Mixed background, please indicate

C Asian

Indian

Pakistani

Bangladeshi

Any other Asian background, please indicate

D Black

Caribbean

African

Any other Black background, please indicate

E Chinese

Chinese

Any other Chinese background, please indicate

F Other

Please indicate any other category you would use to describe your child's ethnic background