



## APPLICATION FORM

|   |  |                  |  |
|---|--|------------------|--|
| <b>Name</b>   |  |                  |  |
| <b>Address</b>  |  |                  |  |
| <b>Date of Birth</b>  |  | <b>Shoe Size</b> |  |
| <b>Contact Telephone</b><br>(Parent/Guardian if under 18)   |  |                  |  |
| <b>Contact Email</b><br>(Parent/Guardian if under 18)   |  |                  |  |
| <b>Medical Information:</b><br>Please advise of any medical conditions we need to be aware of that may affect your participation. (This is confidential and used for your welfare only) |  |                  |  |
| <b>Emergency Contact</b><br>Name and telephone number   |  |                  |  |
| <b>Reasons why you have applied</b><br>Please include what part of backstage theatre you are most interested in learning about  |  |                  |  |

## CONSENT

I hereby give permission for:

| Please tick the appropriate box                                 | Yes | No |
|---|-----|----|
| Photographs/video clips to be taken for press/Gatehouse website |     |    |
| Photographs/video clips to be used on social media sites        |     |    |
| Emergency First aid to be given                                 |     |    |

## OATH

- I agree that I will follow the health and safety guidelines as told to me by my tutor.
- I agree to adhere to the backstage protocols as told to me by my tutor.
- I agree to have fun, learn and create some amazing theatre.

|               |  |             |  |
|---------------|--|-------------|--|
| <b>Signed</b> |  | <b>Date</b> |  |
|---------------|--|-------------|--|