

Application Form: Vamos Central/Vamos Youth Theatre



Confidential

To safeguard Vamos Central (VC) and Vamos Youth Theatre (VYT) members, we work within current child and young people protection guidelines. Therefore, we ask all VC/VYT members (if over 18) or their parents/guardians (if under 18) to complete this form and return it to us as soon as possible.

1. Details

To be completed by **VC/VYT members over 18** or **parent/guardian if under 18**

Full Name _____

Date of Birth _____

Home Address _____

Telephone _____

Email Address _____

2. Communication

To be completed by **parent/guardian if under 18**

Parents/guardians are regularly contacted via email or text with important information. Please provide your email address and mobile number so that we can contact you easily.

Parent/Guardian's Name _____

Parent/Guardian's Email _____

Parent/Guardian's Mobile _____

Vamos Central/Vamos Youth Theatre members that have their own email address and/or mobile can receive emails and/or texts directly from Vamos Theatre staff (in addition to parent/guardian) with your permission. Please indicate whether you give permission for this:

YES /NO

VC/YVT Member's Email _____

VC/YVT Member's Mobile _____

3. Emergency Contact

To be completed by **VC/YVT members over 18** or **parent/guardian if under 18**

In the event of an accident or emergency, please give the name and contact details of the person you wish to be contacted.

Name _____

Relationship to VC/YVT _____

Member (e.g. parent,
guardian, family friend)

Mobile Number _____

Home Phone Number _____

VC/YVT Member's GP _____

Surgery Address _____

Surgery Phone Number _____

Second/additional contact (in cases when the first contact cannot be reached)

Additional Contact Name: _____

Additional Contact Mobile: _____

4. Consent

UNDER 18 - If you are the **parent/guardian of VC/YVT members under 18** please complete the following:

I consider the VC/YVT member to be well enough to take part in the Vamos Youth Theatre sessions and performances

YES/NO

I agree to the VC/YVT member being taken straight to hospital in the event of a medical emergency

YES/NO

In the event of an emergency, I give permission for emergency treatment to be administered by a trained first aider or member of the allied health professions e.g. paramedic, nurse, doctor etc

YES/NO

OVER 18 - If you are a **VC/YT member over 18** please complete the following:

I consider myself to be well enough to take part in the Vamos Youth Theatre sessions and performances

YES/NO

I agree to being taken straight to hospital in the event of a medical emergency

YES/NO

In the event of an emergency, I give permission for emergency treatment to be administered to me by a trained first aider or member of the allied health professions e.g. paramedic, nurse, doctor etc

YES/NO

5. Health and Wellbeing Information

To be completed by **VC/YT members over 18** or **parent/guardian if under 18**

VC/YT members will be required to undertake physical activity tailored to the individual and the group and will be required to work closely with other members of the group. Please complete the following sections to enable us to be fully informed of each VC/YT individual's needs and to ensure that Vamos Central and Vamos Youth Theatre are safe, welcoming and supportive environments for all members. *This information will be treated with the strictest confidence and only disclosed to staff where necessary.*

Please provide details of any ongoing medical conditions e.g. asthma, allergies, diabetes, injuries, mental health issues etc

Is the VC/YT member currently taking any regular medication? (Please provide details)

Please indicate if the VC/YT member requires any specific adjustments or has any additional needs that need to be considered in order for them to take part in this project on the same terms as other participants e.g. dyslexia, autism, mobility, hearing or eyesight issues

Is there anything else you feel the Vamos Theatre staff should be aware of relating to the health and wellbeing needs of the VC/YT member? This can include anything that might mean the VC/YT member needs a little more support and understanding than other members – e.g. family bereavements, difficulties at school or home etc

6. Education/Employment Information

To be completed by **VC/YT members over 18** or **parent/guardian if under 18**

This information is required for staff to apply for performing arts licence exemptions and also to enable us to comply with data requirements set out by our funders. All data given to funders will be anonymised.

Name of School, College or University

If at College or University, please state which course/s you are studying

If you are no longer in Education, please indicate employment status:

Employed Full Time Part Time Self Employed Unemployed

7. Media Consent

Vamos Theatre promotes the great work of Vamos Central/Vamos Youth Theatre members on the company website, Facebook, Instagram and Twitter. Photographs will be taken of VC/VYT members (most likely in mask!) to be used as outlined below. No images will be used without your permission. If you become aware of any images (still or moving) of your child being used without your consent, please inform the Youth Theatre Director immediately.

I give permission for the taking and using of images of VC/VYT member (still and moving) for use in the following places:

Vamos Theatre Publicity Materials - brochures/fliers/posters etc

YES/NO

Vamos Theatre Website:

YES/NO

Vamos Youth Theatre Show Programme (if applicable):

YES/NO

Vamos Theatre Facebook Page:

YES/NO

Vamos Theatre Instagram:

YES/NO

Vamos Theatre Twitter:

YES/NO

Vamos Youth Theatre/Vamos Central Facebook Page (This will be a closed group for direct communication with VC/VYT members)

YES/NO

8. Child Protection & Safeguarding

To be completed by **parent/guardian of VC/VYT members under 18**

VC/VYT members under 18 need to be escorted to and collected from sessions by a responsible named adult, unless you give permission otherwise.

VC/YT member will be delivered to Vamos Central/Vamos Youth Theatre by

(please give name of designated adult and contact number if not the parent/guardian) _____

VC/YT member will be collected from Youth Theatre by (please give name of designated adult and contact number if not the parent/guardian)

PLEASE NOTE: in the event that the named adult is unable to bring or collect the VC/YT member, you will need to notify Vamos Youth Theatre staff accordingly and give the name of the authorised adult bringing or collecting the VC/YT member

VC/YT member will be making their own way to and from sessions. I will advise if the VC/YT member is not attending, to avoid concern being raised unnecessarily.

YES/NO

PLEASE NOTE: if you state that the VC/YT member will be making their own way to sessions, Vamos Theatre cannot be held responsible for the welfare of the VC/YT member in transit, or should they not attend.

9. Declaration

To be completed by **VC/YT members over 18** or **parent/guardian if under 18**

- I understand that whilst the VC/YT member is participating in a session or performance they will be subject to the ground rules of Vamos Central/Vamos Youth Theatre and will be required to follow the instructions/advice of ALL VC/YT staff
- I understand that Vamos Central/Vamos Youth Theatre cannot be held responsible for any loss or damage to personal possessions. I understand that any valuables should be left at home and that the VC/YT member should only bring what is necessary
- I understand that at all times it is crucial that the VC/YT member adheres to all safety instructions. I understand that under exceptional circumstances it may be necessary for the Youth Theatre Director to decide to send the VC/YT member home due to their behaviour or ill health. (Parent/guardian: in these circumstances I understand that I will be required to collect the VC/YT member)

- I hereby agree to the VC/YT member participating in Vamos Central/Vamos Youth Theatre sessions and performances
- I hereby agree to Vamos Theatre keeping confidential records of the VC/YT member details, solely for the purposes of administration of the groups.
- If I need any further information or clarification, I understand that I can contact the Youth Theatre Director at vyt@vamos theatre.co.uk

By signing this form, you are agreeing to the named VC/YT member participating in Vamos Central/Vamos Youth Theatre and to the declaration above.

SIGNED _____

DATE _____

Please return by post (or in person) to: VC/YT, Vamos Theatre, Worcester Arts Workshop, 21 Sansome St, Worcester, WR1 1UH.