## not just a stage



#### Hi there

We wanted to remind you that the booking deadline for this term's weekly activities at The Garage is **next Monday** (17<sup>th</sup> January). Activities are listed below.

Do you know any young people that might enjoy taking part? All sessions include a Support Worker to ensure all young people are supported to take part.

Cost is £45 for the term. Booking form is attached.

We have a limited number of free & discounted places. Free places are for those living in NR5 8 postcode area & in low income families. Discounted places are for young people whose parents are in receipt of benefits.

Any queries or for further booking info please call 01603 283 382 or email takepart@thegarage.org.uk

Junior Companies (aged 8-12 years) Dance – Mondays (starting 24<sup>th</sup> January) 4.30-5.30pm Theatre – Wednesdays (starting 26<sup>th</sup> January) 4.30-5.30pm Singing – Fridays (starting 28<sup>th</sup> January) 4.30-5.30pm

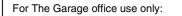
Senior Companies (aged 13-21 years) Dance – Mondays (starting 24<sup>th</sup> January) 5.45 – 6.45pm Arts Award – Tuesdays (starting 25<sup>th</sup> January) Work towards your Bronze (5.30-6.30pm) or Silver (6.45-8pm) Arts Award Singing – Fridays (starting 28<sup>th</sup> January) 5.45 -6.45pm

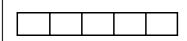
Please pass this info on to others you think might be interested. Many thanks!

Emily Cox **Programme Manager (Maternity Cover)** 

Direct Dial: 01603 283 368 Fax: 01603 886089 www.thegarage.org.uk

> 14 Chapel Field North Norwich Norfolk NR2 1NY Tel: (01603) 283382







# APPLICATION FORM 2011

Name of activity:					
Name		Date of Birth			
Address		Telephone			
		Mobile			
Postcode		Email			
In Case of Em	nergency	ict:			
Name		Telephone			
Relationship		Mobile			
Name		Telephone			
Relationship		Mobile			
Doctor's Surg Telephone	ery&	Doctor's Name			
Medical/Aller	gies	Nunc			
If you are on ar and take charg	ny medica e of it you	cluding asthma inhalers) then please be aware that you will need to bring it with you /e cannot supply or administer treatment/medicine for you or on your behalf.			
Access/ Support needs					

#### PERMISSIONS. Please tick boxes if you agree with the statements:

Mailing List: I am happy to be added to The Garage mailing list.

Medical: I give permission that, in the unlikely event of a medical emergency, a member of Garage Staff or person contracted to The Garage may perform first aid on the young person named above, accompany them to get medical treatment and have the authority to authorise any treatments that may be deemed necessary in my absence.

	Media Release: I give permission for images and recordings of the young person named above to be
	used by The Garage and its partners. These will only be used as follows: Use of photos, video or
a	audio recordings in marketing, training and information materials; Release of photos and recordings to the
r	nedia to publicise the activity and the work of The Garage and its partners; Use of photos, audio and
V	video recordings on the Garage website or partner websites to promote awareness of the activities and
t	he involvement of young people in the arts. Images will only be used to present the young people in
a	a positive way.

Off Site and Outside Activities: I give permission for the young person named above to take part in offsite and outside activities arranged by The Garage in connection with this project/workshop/work experience/volunteering.

Performance: I give permission for the young person named above to take part in performances arranged and supported by The Garage.

Disclosure: Application forms will be re-issued and the information will be collated every 6 months. Please inform us of any change in your contact details.

Sign and	Sign and Date. Under 18s need this form to be signed by a parent or carer. Over 18s can sign their own.					
Name:		Signed:			Date:	
How did you here about The Garage / this activity?				□ Radio □ Newspaper Adv □ Other (please s		
-	currently studying					
For your Arts Award?		□ Yes □	No If ye	s, which level?		
We can offer you information and advice about the Arts Award. If you would like to find out more, please tick the relevant box.				regarding information		
If you are interested in <b>Volunte</b> at The Garage please tick this k you to our volunteer database		• • •		☐ Yes Area of interest:		

#### **Bursary Entitlement -**

If you live in the NR5 8 Postcode you <u>could</u> be eligible for a free bursary place on our activities. Bursary places are limited, however discounted places for low income applicants are also available.

PLEASE NOTE – <u>Without</u> a COMPLETED application form AND PAYMENT / PROOF OF ELIGIBILITY for a Discounted or Bursary place, <u>you are NOT guaranteed a place on our activity</u>

I am applying for a bursary place and live in NR5 8	<b>Proof of eligibility</b> : Please provide current proof of address i.e recent bank statement, utility bill, or provisional/ driving license.
I would like to apply for A discounted place	<b>Proof of eligibility</b> : Please provide proof that you or your parent/ guardian are in receipt of benefits <b>or</b> provide us with your 'Go 4 Less' Card (for further details visit <u>www.norfolk.gov.uk</u> or call 0844 980 3333)

#### Thank you for taking the time to fill out this form. Please return it to: The Garage, 14 Chapel Field North Norwich, NR2 1NY

Tel: 01603 283382 www.thegarage.org.uk

You can also email any questions or scanned completed forms to takepart@thegarage.org.uk

Information is always kept confidential and will only be accessed by Garage staff our partner agencies.

### Please let us know if you would like this information in another format such as large type or audio.

The Garage office use only:		
Payment Details £ Proof of identification and eligibility seen for bursary place? Proof of identification and eligibility seen for discounted place? Expiry date of 'Go 4 Less' card :	<ul><li>□ Cash</li><li>□ Yes</li><li>□ Yes</li></ul>	<ul><li>□ Cheque</li><li>□ No</li><li>□ No</li></ul>



This data is important to provide us with information about who is using us so that we can ensure activities are open and accessible to as diverse a group of young people as possible. We understand that you may feel apprehensive about providing some of this information, but we can assure you that this information will remain anonymous, confidential and serve to provide fun, engaging activities open to everyone. Thank you for taking the time to complete this.

Age	
5—11 years	
12—19 years	
20—24 years	
25—35 years	
36 years +	

Gender	
Female	
Male	
Prefer not to say	

Disability	
Learning Difficulty	
Long term or life-limiting illness	
Mental health issues	
Multiple Disabilities	
Physical Disabiliy	
Sensory Disability	
Prefer Not To Say	

Education	
No Qualifications	
NVQ	
GCSE or level 1+ 2 equivalent	
A Level or level 3 equivalent	
Degree or level 4 equivalent	
Post-graduate	
Other	

#### Please tick any boxes that apply to you, however you may choose not to say if you would prefer.

Ethnicity	
Asian or Asian British	
Indian	
Pakistani	
Bangladeshi	
Chinese	
Other Asian background	
Black or Black British	
Caribbean	
African	
Other Black background	
Dual Heritage	
Black Caribbean & White	
Black African & White	
Asian & White	
Other Dual Heritage background	
Roma and Travellers	
Roma	
Irish Traveller	
White	
White British	
White Irish	
Other White background	
Other Ethnic Group	
Other	

Employment, Education, Training Status	
Employed	
Not Employed	
In Education / Learning	
In Training	
Self-employed	
Other	

Additional Information	
I am currently on a low income	
I am currently without a fixed address	
I am on an order to the Youth Offending Team or Courts	
I am currently in or leaving care	
I am currently a refugee or asylum seeker	
I am a young parent	
I am currently a young carer	

## Thank you!