We would ask the parent/guardian/carer to fill this form in, providing as much detail as possible.

**Summer Filmmaking Workshops: Participant Information Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Course Location/Base: | Costello School, Basingstoke | | |
| Dates of workshop: | 23rd July to 27th July, 2018 | Fee: | £ |

**Part A: Personal Information (Participant’S DETAILS)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title: |  | Last name/Surname: | |  | First Name: |  |
| Gender: |  | Date of birth: | |  | Age now: |  |
| Resident address: |  | | | | Postcode: |  |
| Email address\*: |  | | | | Mobile no\*: |  |
| Does the participant have any medical conditions that we need to be aware of? | | | | | | YES / NO |
| If YES, then outline below the participant’s condition (eg: asthma/migraine/diabetes, etc.): | | | | | | |
|  | | | | | | |
| If YES, name of medicine(s): | | |  | | | |
| Dosage/Frequency: | | |  | | | |
| Dietary Requirements: Does the participant have food intolerances/allergies? | | | | | | YES / NO |
| *If YES, then outline below the participant’s condition (eg: coeliac, nut, shellfish, lupin, etc.):* | | | | | | |
|  | | | | | | |
| \*NB: This information is required so that digital preproduction apps can be used to shared onset data, planning, call times, etc | | | | | | |

**Part B: Personal Information (Parent/Guardian CONTACT INFORMATION)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title: |  | Last name/Surname: |  | First Name: |  |
| Relationship to participant: | |  | | | |
| Resident address: |  | | | Postcode: |  |
| Email address: |  | | | Mobile no\*: |  |
| Home phone: |  | | | | |

**Part C: Emergency Contacts (during the workshop week)**

|  |  |
| --- | --- |
| Name of emergency contact 1: |  |
| Telephone number: |  |
| Relationship to participant: |  |
| Home address: |  |

|  |  |
| --- | --- |
| Name of emergency contact 2: |  |
| Telephone number: |  |
| Relationship to participant: |  |
| Home address: |  |

|  |  |
| --- | --- |
| Name of participant’s GP: |  |
| Surgery telephone number: |  |
| Surgery address: |  |

**Part D: Declaration**

|  |  |
| --- | --- |
| I have read and accept the Terms & Conditions (including the Behaviour, Equal Opportunities and Attendance policies) as stated on our website: | YES / NO |
| I have read and accepted the Business Transactions and Payments: T&C’s policy: | YES / NO |
| I have read and accepted the Personal Data and Privacy Policy: | YES / NO |
| I have read and understood the Safeguarding Policy: | YES / NO |
| I have read and understood the Public Liability Policy: | YES / NO |

|  |  |
| --- | --- |
| **Finally, I (the undersigned Parent/Carer/Guardian) am happy for CreaTech Academies and their representatives to provide education, training and care for my son/daughter from the stated times and in the stated location and on the agreed dates, as set out in this agreement made between you and CreaTech Academies. Every effort will be made to run the workshops as published but CreaTech Academies reserves the right to make alterations to the published programs at short notice.** | |
| **SIGNATURE OF PARENT/CARER/GUARDIAN:** | **DATE:** |

*If you cannot scan and email the form, please send by post to:*

**Chris Bruce**

**CreaTech Academies**

**21a Larcom Street**

**LONDON**

**SE17 1NJ**

*All information is CONFIDENTIAL and will not be passed on to other parties. This document will be destroyed 6 months after the completion of the course. For further Terms & conditions, please see our website:* **www.createch.org.uk**

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