LIPA 4:19

Part-time academy for 4 to 19 year olds at Maghull High School

Application and Consent Form for a Place in LIPA *4:19* at Maghull High School in 2008 / 2009

This form is to be completed by the Parent / Guardian. For the purpose of this form, student means the child / young person applying for the LIPA *4:19* part-time academy. This form is to be completed annually or on any change of student details, medical details or emergency contact details. **Please read all sections carefully and complete all sections in BLACK INK using BLOCK CAPITALS.**

Student details

Please affix one recent photograph here

Family name/surname: _____

First name/s (please underline the name you use) _____

Address: _____

_____

_____ Postcode_____

E-mail: _____

Daytime telephone number(s): _____

Evening telephone number: _____

Mobile telephone number: _____

Current school / college attending:

_____

Date of birth: _____ Age**:** _____Male / Female: _____

Previous experience and qualifications

Please give details of any performing arts training or experience including school productions etc to date, giving results of any relevant examinations.

_____

_____

_____

_____

_____

(Please continue on a separate sheet if necessary

Medical details

All the information on this form will be treated confidentially. However, information may be passed onto relevant staff in the interests of the safety of the individual student.

Does the student suffer from any ailment or disability e.g. diabetes, epilepsy, asthma, hay fever or any other condition that will affect their training? Yes / No (please delete). If Yes, please give details:

_____

Does s/he take any regular medication or is s/he receiving medical treatment at present? Yes / No (please delete). If Yes, please give details:

_____

Is s/he allergic to anything e.g. antibiotics, aspirin, particular foods, insects etc? Yes / No (please delete). If Yes, please give details:

_____

Does s/he have any special dietary requirements e.g. vegetarian, diabetic, religious etc? Yes / No (please delete). If Yes, please specify:

_____

Emergency contact details

First contact

Full name: _____ Relationship to student: _____

Address (if different from first page):

_____

_____

Postcode: _____ Daytime telephone: _____

Evening telephone: _____ Mobile telephone: _____

Second contact (please give details of relative or friend)

Full name: _____ Relationship to student: _____

Address (if different from first page):

_____

_____

Postcode: _____ Daytime telephone: _____

Evening telephone: _____Mobile telephone: _____

Course times

LIPA *4:19* part-time academy classes are split into six age groups and are offered on Saturday morning s

4-5	Saturday 10am – 11.30am (1 ½ hour session)
5-6	Saturday 11.30am – 1.00pm (1 ½ hour session)
7-9	9.30am – 1.00pm
10-12	9.30am – 1.00pm
13-15	9.30am – 1.00pm
16+	9.30am – 1.00pm

Student Course Application details

☐ Morning

Consent

Do you wish the student to be entered for outside casting opportunities? Yes / No

and/or considered for referral to outside Theatrical Agencies and Promoters? Yes / No

Are you willing for the student to have their photograph taken which may be later used in items of publicity for LIPA *4:19* including insertion on the LIPA *4:19* website? Yes / No

Declaration by parent / guardian

I declare that the information on this form is correct and I hereby apply for a student place at the LIPA *4:19* in Maghull High School part-time academy. I agree to pay the required term fees by the dates as detailed In the LIPA *4:19* 2008/2009 Terms and Conditions and I agree to LIPA *4:19* part-time academy retaining the personal data from this application form for administration purposes and I understand that where consent has been given, this information may also be used for casting and/or publicity purposes. I also agree to abide by LIPA's course 2008/2009 Terms and Conditions, which I have read fully and understood.

Name: _____Signature: _____Date: _____

Please return the completed Application & Monitoring and Payment forms to:

LIPA *4:19*
Mount Street
Liverpool
L1 9HF

FOR OFFICE USE ONLY

Date Application and Payment Forms received at LIPA	Date Forms forwarded to Finance
Place offered yes / no	Date confirmation letter sent

MONITORING FORM 2008 / 2009

Ethnic origin Please tick the box which best describes the student's ethnic origin:

- ☐ White – British
- ☐ White – Irish
- ☐ Other White Background
- ☐ Black Caribbean or Black British Caribbean
- ☐ Black African or Black British African
- ☐ Other Black Background
- ☐ Asian Indian or Asian British Indian
- ☐ Asian Pakistani or Asian British Pakistani
- ☐ Asian Bangladeshi or Asian British Bangladeshi
- ☐ Chinese or Other Ethnic Background
- ☐ Other Asian Background
- ☐ Mixed – White/Black Caribbean
- ☐ Mixed – White/Black African
- ☐ Mixed – White/Asian
- ☐ Other Mixed Background
- ☐ Other
- ☐ Information Refused

Disability Please tick the box which best describes the student's status with respect to any disability and/or health condition expected to last 12 months or longer:

- ☐ No Known disability
- ☐ Dyslexia
- ☐ Blind/partially sighted
- ☐ Deaf/have a hearing impairment
- ☐ Wheelchair user/have mobility difficulties
- ☐ Personal care support
- ☐ Mental health difficulties
- ☐ Multiple disabilities
- ☐ Unseen disability, e.g. diabetes, epilepsy, asthma
- ☐ A disability not listed above

Please return this Monitoring Form with your Application Form.

Because we are committed to widening access to our courses, it is important that we monitor who is applying to LIPA. This section will be detached from your application form.