

Application Form 2010

Summer Courses for Adults and Theatre Professionals

Please tick to select the course(s) you are applying for:

- | | | |
|--------------------------|--|----------------|
| <input type="checkbox"/> | Devising Theatre | 2 - 6 August |
| <input type="checkbox"/> | Acting | 2 - 13 August |
| <input type="checkbox"/> | Design - Set and Costume | 2 - 13 August |
| <input type="checkbox"/> | Design - Lighting and Sound | 2 - 13 August |
| <input type="checkbox"/> | Prosthetics | 9 - 27 August |
| <input type="checkbox"/> | Musical Theatre | 16 - 20 August |
| <input type="checkbox"/> | Stand Up Comedy | 16 - 20 August |
| <input type="checkbox"/> | Acting for Camera - Performance | 23 - 27 August |
| <input type="checkbox"/> | Acting for Camera - Production | 23 - 27 August |

Your Details

First name _____ Surname _____

Address _____

Postcode _____

Gender m/f _____ Date of Birth _____

Current school year (if applicable) _____ Email _____

Telephone _____ Mobile _____

Staying in Contact

Dramaworks and the Academy may, from time to time, wish to contact you with information relating to courses, events and projects we think may be of interest to you. To keep our costs low, our preferred method of communication is by email or text. Please let us know if you would like us to keep in touch:

I would like to receive information: by email by post by text message

We will not sell this information to third parties.

Dramaworks

Emergency Contacts

Please provide details of two emergency contacts

1 Name _____ Relationship _____

Telephone _____

2 Name _____ Relationship _____

Telephone _____

Medical Conditions, Disabilities and Special Needs

Dramaworks welcomes participants with disabilities, special needs or medical conditions. So that we can create a safe, fun and educational experience for participants, it is important that we are fully aware of any medical condition, disability or additional support needs that participants may have. Please indicate whether this is applicable or not, and if so give details below. Any information provided by you will be treated in the strictest confidence. Applicants will not be screened for physical or learning ability. Please provide complete and accurate information. This information will only be used for the benefit of the participant to create a positive and enjoyable experience.

The participant **does not** have a medical condition, disability or additional support need.

The participant **does** have a medical condition, disability or additional support need (please provide details below).

Details: _____

Signature of parent/guardian (if under 18) _____

Date _____

Signature of participant (if 18 or older) _____

Date _____

Permission for Use of Photographs and Recorded Images

Please refer to the notes in the instruction pages.

For participants under the age of 18, both sections A and B should be completed.

For participants aged 18 or above, only section B need be completed.

A I _____ (print parent's/guardian's full name)
consent to the Academy photographing or video-recording _____ (print full name)
of (child/young person) under the stated rules and conditions, and I confirm that I am legally entitled to
give this consent. I also confirm that the aforementioned young person is not under a court order.

Signature of parent/guardian _____ Date _____

B I _____ (print name of participant)
consent to the Academy photographing or video-recording my involvement in RSAMD Dramaworks
under the stated rules and conditions.

Signature of participant _____ Date _____

Declaration

For all participants and the parents/guardians of those under the age of 18:

I, or the young person for whom I am responsible, wish(es) to be enrolled as a student in my chosen summer course(s) as stated on page 1 of this form with Dramaworks. I/we agree to observe the rules and regulations of the Academy. I can confirm that I have read and understood the terms and conditions associated with my booking.

I understand that fees will not be refunded in the event of cancellation with less than 4 weeks notice and/or non-attendance, and/or if I fail to give a minimum of four week's notice in writing of my intention, or the intention of the young person for whom I am responsible, to quit the course prior to the start of a new term.

I understand that as the participant, or as the participant's parent/guardian, I am responsible for payment as detailed in the terms and conditions of the Dramaworks enrolment instructions.

I understand that the Academy and Dramaworks reserve the right to change advertised course staff and content, and that the running of all courses is subject to adequate participant numbers.

For parents/guardians of participants under the age of 18:

Course work during the summer course may necessitate all or part of a class taking place outside of the Academy building. Such work will be adequately supervised at all times and a high standard of health and safety adhered to. I therefore give permission for the young person for whom I am responsible to take part in such work. I understand that the young person for whom I am responsible will not be supervised during his or her lunch break if they are of secondary school age and may leave the building during such breaks.

For participants aged 16 or older (please tick):

Do you have any criminal convictions? Yes No

Please sign to state that you accept the declaration:

Signature of participant _____

Signature of parent/guardian _____

Date _____

Payment

Please see further details about payment options in the enrolment instructions booklet enclosed with your application form. Fees can be paid in cash, by cheque payable to RSAMD, or using chip and PIN (contact Dramaworks directly to do this, either in person or by phone).

- I enclose 50% payment at this point of application and I agree to pay the balance no less than four weeks in advance of the course start date
- I enclose the full fee for the course at the point of application

How Did You Hear About Us?

- Press Advert
- Poster/Flyer
- Academy Website / other website (please specify) _____
- Direct Mailing
- Search Engine
- Word of Mouth
- Other (please specify) _____

Submitting your application

Thank you for taking the time to complete this paperwork.

Completed forms should be sent to:

Dramaworks
Royal Scottish Academy of Music and Drama
100 Renfrew Street
Glasgow
G2 3DB

Telephone 0141 270 8213

www.rsamd.ac.uk/academyworks

Equal Opportunities Questionnaire

Please refer to the notes in the instruction pages.

School currently attended (if applicable): _____

Ethnicity (please tick one)

- | | |
|--|--|
| <input type="checkbox"/> White Scottish | <input type="checkbox"/> Asian British Indian |
| <input type="checkbox"/> White British | <input type="checkbox"/> Asian British Pakistani |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Asian British Bangladeshi |
| <input type="checkbox"/> Irish Traveller | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Other White background | <input type="checkbox"/> Other Asian background |
| <input type="checkbox"/> Black British Caribbean | <input type="checkbox"/> Mixed – White and Black Caribbean |
| <input type="checkbox"/> Black British African | <input type="checkbox"/> Mixed – White and Black African |
| <input type="checkbox"/> Other Black background | <input type="checkbox"/> Mixed – White and Asian |
| <input type="checkbox"/> Not known | <input type="checkbox"/> Other mixed background |
| <input type="checkbox"/> I prefer not to disclose this | <input type="checkbox"/> Other ethnic background |

Disability

- The applicant **is not** considered to have a disability
- The applicant **is** considered to have a disability (please indicate below)
- Autistic spectrum disorder
 - Dyslexia
 - Blind/partially sighted
 - Deaf/hearing problems
 - Wheelchair user/mobility problems
 - Needs personal care support
 - Mental health difficulties
 - Unseen disability (e.g. asthma, diabetes, epilepsy)
 - Multiple disabilities
 - A disability not listed above
 - Prefer not to disclose this