

LIPA 4:19

Part-time academy for 4 to 19 year olds in Halton

Application and Consent Form for a Place at LIPA in LIPA 4:19 in Halton 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

Surname: _____

Forename(s): _____

Address: _____

Postcode: _____

E-mail: _____

Daytime telephone number(s): _____

Evening telephone number: _____

Mobile telephone number: _____

Current school / college attending: _____

Date of birth: _____ Age: _____ Male / Female: _____

Please
affix one
recent
photograph
here

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 either Saturday morning or Saturday afternoon:

4-5	Saturday 10am – 11.30am (1 ½ hour session)	Saturday 2.30pm – 4pm (1 ½ hour session)
5-6	Saturday 11.30am – 1pm (1 ½ hour session)	Saturday 4pm – 5.30pm (1 ½ hour session)
7-9	9.30am – 1pm	Saturday 2pm – 5.30pm
10-12	9.30am – 1pm	Saturday 2pm – 5.30pm
13-15	9.30am – 1pm	Saturday 2pm – 5.30pm
16+	10.30am to 2.00pm	Saturday 2pm – 5.30pm

Student Course Application details

Please tick (✓) whether you would prefer a Saturday morning or Saturday afternoon course:

Morning

Either

Afternoon

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 part-time academy in Halton. I agree to pay the required term fees by the dates as detailed in the LIPA 4:19 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 and Monitoring forms to:

Kate Allerston - Principal
LIPA 4:19 in Halton
Performing Arts Suite
Fairfield High School
Peelhouse Lane
Widnes
WA8 6TE

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 2009

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

- | | |
|---|---|
| <input type="checkbox"/> White – British | <input type="checkbox"/> White – Irish |
| <input type="checkbox"/> Other White Background | <input type="checkbox"/> Black Caribbean or Black British Caribbean |
| <input type="checkbox"/> Black African or Black British African | <input type="checkbox"/> Other Black Background |
| <input type="checkbox"/> Asian Indian or Asian British Indian | <input type="checkbox"/> Asian Pakistani or Asian British Pakistani |
| <input type="checkbox"/> Asian Bangladeshi or Asian British Bangladeshi | <input type="checkbox"/> Chinese or Other Ethnic Background |
| <input type="checkbox"/> Other Asian Background | <input type="checkbox"/> Mixed – White/Black Caribbean |
| <input type="checkbox"/> Mixed – White/Black African | <input type="checkbox"/> Mixed – White/Asian |
| <input type="checkbox"/> Other Mixed Background | <input type="checkbox"/> Other |
| <input type="checkbox"/> 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:

- | | |
|---|---|
| <input type="checkbox"/> No Known disability | <input type="checkbox"/> Dyslexia |
| <input type="checkbox"/> Blind/partially sighted | <input type="checkbox"/> Deaf/have a hearing impairment |
| <input type="checkbox"/> Wheelchair user/have mobility difficulties | <input type="checkbox"/> Personal care support |
| <input type="checkbox"/> Mental health difficulties | <input type="checkbox"/> Multiple disabilities |
| <input type="checkbox"/> Unseen disability, e.g. diabetes, epilepsy, asthma | |
| <input type="checkbox"/> 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.

