



Charity no. 801085

Drama Group

Application and Consent Form

Monday evening 6.15 to 7.50 pm

At Bedelsford School, Grange Road, Kingston upon Thames, KT1 2QZ

Name of young person: _____

Address: _____

_____ Post Code: _____

Home telephone: _____ Emergency number: _____

Date of Birth..... email.....

I would like to join the Yadapa/Shine drama group

I will need transport to attend.

I will need support.

Please complete and return this form (both sides)

**Fran O'Brien
Yadapa
39 Selwyn Road
New Malden
KT3 5AU**

art@franobrien.org.uk

07968 060699

www.yadapa.com



Information

It is important for us to have information about the young people who attend, so that we can support them well both at this event and any future events that they may attend. This includes basic information about a young person's personal care, health, dietary, mobility and communication needs.

We are also aware that parents and carers are asked to provide the same information many times, so we do not want to ask you to fill out any more forms unless absolutely necessary.

Please read the options below and circle 'Yes' or 'No' for each.

I give consent for Fran O'Brien (Yadapa) to access relevant information held by:

- The Team for Disabled Children, RBK Yes / No
- My son / daughter's school/college Yes / No
School/college: _____

Signature of parent/carers: _____ Date: _____
Name of parent / carer: _____

However, if you would prefer to complete a separate information and consent form for this activity, please contact Fran O'Brien directly.

Consent

I give consent for my son / daughter to attend this activity.

I give consent for photos of my son / daughter to be taken whilst attending this activity. (Photos and video will be used to capture, record and publicise the group and may also be used in future funding bids)

I give consent for my son / daughter to be taken to hospital and to receive any medical treatment as is necessary whilst attending this activity.

Signature of parent/carers: _____ Date: _____