

PERSONAL DETAILS – YOUR INFORMATION IS STRICTLY CONFIDENTIAL

Please complete in BLOCK CAPITALS

Student's name: _____

Home address: _____

_____ Post code _____

Phone number (inc area code): _____

Email address (all Academy communication sent by email) _____

Gender: Male / Female / Other (delete as appropriate)

Date of birth:

D	D	M	M	Y	Y	Y	Y
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Age on 1 September 2017 (children's classes only) _____

Do you (the student) have any medical conditions, eg asthma Yes / No

If yes please specify: _____

DANCE INFORMATION

Have you (the student) been to any dance classes before? Yes / No

If yes please specify what style, where and to what standard: _____

Dance teacher contact details (if relevant)

Name of Dance School: _____ Teacher contact: _____

PARENT / CARER EMERGENCY CONTACT DETAILS

Full name: _____ Relationship to student: _____

Phone 1: _____ Phone 2: _____

Address (if different): _____

CLASS DETAILS

I am interested in registering for:

Class	Day	Time

PHOTO PERMISSION

It would help us greatly if you would tick any (as many as you wish) of the following where you consent to the use of your/the student's image for Northern Ballet information and publicity.

- | | | |
|---------------------------------|-----|----|
| Paper based documents | Yes | No |
| Internet media | Yes | No |
| Social media | Yes | No |
| Electronic documents | Yes | No |
| Video / DVD | Yes | No |
| News media (eg newspaper items) | Yes | No |

Other parents may wish to photograph / film their child participating in class during parent viewing sessions and your child may be included in these images. If you do not want your child to be photographed during these viewings speak to academy staff on the viewing day.

Please affix
passport sized
photograph
**here (children's
classes only)**

CLASS PHOTOS

Photographs / video of the student participating in the classes may be taken on Northern Ballet's behalf throughout the year. These will be used for future publicity and in connection with Northern Ballet training programmes. Prior notice will be given.

PARENTS ASSOCIATION

Please tick if you WOULD LIKE to receive information regarding the Parents' Association and their fundraising events:

LATE COLLECTION POLICY

For parents/carers collecting children late from class, the first 15 minutes is not chargeable. Every 15 minutes thereafter is charged at £5.

- | | |
|--------------------------|--|
| <input type="checkbox"/> | I have enclosed my £5 registration fee |
| <input type="checkbox"/> | I am aware that the full fees must be paid in advance of each term for my child/myself to participate. Fee to be paid by cash, card, or cheque made payable to Northern Ballet prior to the first class. |

DECLARATION

To be completed by the student or by parent/carer for participants under the age of 16.

I (print name) _____ agree to take part in the classes detailed above.

I will inform NORTHERN BALLETT as soon as possible of any changes in my medical or other circumstances.

Signed _____ Date _____

Please post with cheque made payable to Northern Ballet to: Academy of Northern Ballet, Quarry Hill, Leeds, LS2 7PA.

EQUAL OPPORTUNITIES

As recipients of public funding we have a responsibility to collect information about our audiences. Please help us by answering the following questions. Your answers will help us to understand if we are offering an equally good service to everyone in our communities. All information contained herein will be treated confidentially. It is not compulsory to complete and it will not be considered as part of your registration

Where did you hear about these classes?

(Please indicate publication/website) _____

Do you consider yourself to be: Deaf Disabled Neither

The term 'disability' is defined as including people with physical disabilities; people with mental impairments and learning difficulties; those with sensory impairments such as sight and hearing impairments, and people with 'hidden' disabilities (such as epilepsy, chest or heart conditions); and those with impairments linked to ageing.

Which of the following describes your ethnic origin?

Black/Black British:	African <input type="checkbox"/>	Mixed:	White & Black Caribbean <input type="checkbox"/>
	Caribbean <input type="checkbox"/>		White & Asian <input type="checkbox"/>
	Other Black (specify) <input type="checkbox"/>		White & Black African <input type="checkbox"/>
			Other Mixed (specify) <input type="checkbox"/>
Asian/Asian British	Indian <input type="checkbox"/>	White	British <input type="checkbox"/>
	Pakistani <input type="checkbox"/>		Irish <input type="checkbox"/>
	Bangladeshi <input type="checkbox"/>		Other White (specify) <input type="checkbox"/>
	Other Asian (specify) <input type="checkbox"/>		Prefer not to say <input type="checkbox"/>
Chinese <input type="checkbox"/>			
Japanese <input type="checkbox"/>			
Any other (specify) <input type="checkbox"/>			