

Please complete this form and return to:
 Nicola Phillips, Northern Ballet, Quarry Hill, LS2 7PA or
nicola.phillips@northernballet.com

Full name:	
Date of birth:	
Home address and postcode:	
Daytime telephone no:	
Mobile no:	
Email address:	
Please tell us about any previous dance experience you have:	
Do you need any specialist support to attend these classes? If so, please provide more information:	
Will a support assistant come with you?	
What is the nature of your disability?	
How did you hear about the course?	
Emergency contact person:	
Emergency contact telephone number:	

Whilst great care is taken over the safety of all participants throughout this course, Northern Ballet cannot accept responsibility for any injuries or illness sustained during or after the course.

IN MOTION REGISTRATION FORM ADULT

PHOTO CONSENT FORM

We would like to gain permission to take photographs and film your/your child's participation in this year's *in motion* project. Your permission would allow us to use photographs and film footage for the purposes listed below only. We will not identify your name/your child's name in such publicity. Photographs and film footage will be stored confidentially and securely. These will be used by Northern Ballet for a maximum of 6 years and only for the purposes agreed below. You may change your preferences or opt out at any time by contacting learning@northernballet.com.

I CONSENT FOR NORTHERN BALLETT TO USE MY/MY CHILD'S IMAGE FOR:

Northern Ballet website

Webpages, blog posts, image slideshows

Y N

Northern Ballet affiliate websites

Websites created by Northern Ballet for specific projects

Y N

Northern Ballet social media content

Mobile apps, Facebook, Twitter, Instagram, YouTube and any future platforms

Y N

Videos

Rehearsal footage, promotional films, Northern Ballet archive

Y N

Paper-based documents/materials

Including flyers, posters, information booklets

Y N

Electronic documents

Including e-flyers, evaluation reports for funders, board reports

Y N

Press

Press releases, newspaper and magazine articles, television and media

Y N

I UNDERSTAND AND HEREBY GIVE CONSENT AS ABOVE:

PRINT NAME: _____

CHILD'S NAME (IF APPLICABLE): _____

SIGNATURE: _____

DATE: _____

IN MOTION REGISTRATION FORM ADULT

CONTACT PERMISSION FORM

In order that we may contact you in future to share relevant information and other opportunities at Northern Ballet, we must seek your consent below. If you do not complete this form, we will be unable to contact you directly. Please tick as many options as you wish and note there is an 'all options' box at the bottom.

This consent will last for 6 years, after which Northern Ballet will seek your permission again. You may change your preferences or opt out at any time by contacting learning@northernballet.com. This information will be stored securely and confidentially. Northern Ballet will never pass your information onto third parties.

I CONSENT FOR NORTHERN BALLETT TO CONTACT ME ABOUT:

- in motion (or the same project by any other name)
- Other Northern Ballet projects relevant to myself/my child
- Northern Ballet performances and events at the theatre
- Other performances at the Stanley & Audrey Burton Theatre at Northern Ballet
- Classes and courses at Northern Ballet for children, young people and adults
- Live streaming and other digital opportunities
- All options listed above
- I do not want Northern Ballet to contact me in future

I CONSENT FOR NORTHERN BALLETT TO CONTACT ME USING FOLLOWING METHODS:

- By post
- By email
- By telephone
- None of the above

PRINT NAME: _____

CHILD'S NAME (IF APPLICABLE): _____

SIGNATURE: _____

DATE: _____

IN MOTION REGISTRATION FORM ADULT

MONITORING FORM

As recipients of public funding from Arts Council England and Leeds City Council, we have a responsibility to collect information about our participants. Your answers will help us to understand if we are offering an equally good service to everyone in our communities. Completion of this form is optional and all information contained herein will remain anonymous and be treated confidentially.

Do you identify as:

Male Female Other

How would you describe your ethnic origin?

Please tick one description with which you identify or write another answer:

White:

British Irish

Other white (please specify) _____

Black or Black British:

African Caribbean

Other Black (please specify) _____

Mixed:

White & Black Caribbean White & Black African

White & Asian Other Mixed (please specify) _____

Asian or Asian British:

Indian Bangladeshi Pakistani

Other Asian (please specify) _____

Other ethnic groups:

Chinese Japanese Prefer not to say

Other ethnic group (please specify) _____

Do you consider yourself to be:

D/deaf Disabled Neither