 **Young People’s Production Arts**

**Essential Information Form: Student Personal Details**

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| **Title** | **Forenames** | **Surname** | |
| **Date of birth**  **Student email address (if over 18)** | | **Current School** | |
| **Contact Details of parent/carer(s)** | | | |
| **Parent/Carer 1**  **Name:**  **Address:**  **Telephone:**  **Email:**  **Relationship to Student:** | | | **Parent/Carer 2**  **Name:**  **Address:**  **Telephone:**  **Email:**  **Relationship to Student:** |
| **How did you hear about the Young People’s Production Arts?** | | | |

The College takes the protection of all personal information (data) seriously and is fully committed to the protection of the rights and freedoms of all individuals in relation to the processing of their personal data.  The processing of all personal information will be in compliance with data protection laws. For more information, please refer to the RWCMD privacy statement [https://www.rwcmd.ac.uk/privacy](about:blank)

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| **Parental Consent** | | |  | | |
| Please indicate below whether you give consent for us to: | | | | | |
| Provide your telephone number to tutors | | YES/NO | Administer first-aid to your son/daughter if required | | YES/NO |
| Use you or your son/daughter’s image in Junior Conservatoire publicity material | | YES/NO | Telephone an ambulance for your son/daughter in an emergency | | YES/NO |
| Use statistical information anonymously for monitoring purposes | | YES/NO | Provide details of specific needs as disclosed below to relevant tutors | | YES/NO |
| Make video or audio recordings of class work for educational purposes only. | | YES/NO | Provide factors affecting health as disclosed in questions 1 to 7 below to relevant tutors | | YES/NO |
| **Nationality** |  | **Country of permanent residence** (UK residents, please specify England, Wales, Scotland, Northern Ireland, Channel Islands or Isle of Man as appropriate) | |  | |

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| **Ethnic Classification** (please tick) – I would describe my son/daughter as:- | | | | | | | | |
| White – British | 11 | 🗹🞎🞎 | Other Black Background | 29 | 🗹🞎🞎 | Other Asian Background | 39 | 🗹🞎🞎 | |
| White – Irish | 12 | 🗹🞎🞎 | Asian or Asian British – Indian | 31 | 🗹🞎🞎 | Mixed – White and Black Caribbean | 41 | 🗹🞎🞎 | |
| White Other | 19 | 🗹🞎🞎 | Asian or Asian British – Pakistani | 32 | 🗹🞎🞎 | Mixed – White and Black African | 42 | 🗹🞎🞎 | |
| Black or Black British – Caribbean | 21 | 🗹🞎🞎 | Asian or Asian British – Bangladeshi | 33 | 🗹🞎🞎 | Mixed – White and Asian | 43 | 🗹🞎🞎 | |
| Black or Black British – African | 22 | 🗹🞎🞎 | Chinese or Other Ethnic Background – Chinese | 34 | 🗹🞎🞎 | Other Mixed Background | 49 | 🗹🞎🞎 | |
| Other Ethnic Background | 80 | 🗹🞎🞎 | Do not wish to provide information | 98 | 🗹🞎🞎 |  |  |  | |

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| **Disability** (please tick) | | | | | | | | | | |
| No disability | | 00 | 🗹🞎🞎 | Deaf/hearing impaired | | 03 | 🗹🞎🞎 | Mental health difficulties | 06 | 🗹🞎🞎 |
| Dyslexia | | 01 | 🗹🞎🞎 | Wheelchair user/mobility difficulties | | 04 | 🗹🞎🞎 | Unseen disability | 07 | 🗹🞎🞎 |
| Blind/partially sighted | | 02 | 🗹🞎🞎 | Personal care support | | 05 | 🗹🞎🞎 | Multiple disabilities | 08 | 🗹🞎🞎 |
| Other disabilities | | 09 | 🗹🞎🞎 |  | | | | | | |
| **Health Information** – Please give details of: | | | | | | | | | | | |
| 1 | | Any fractures or broken bones currently causing any weakness/discomfort | | | |  | | | | | |
| 2 | | Any injuries such as sprains, strains or dislocations currently causing any weakness/discomfort | | | |  | | | | | |
| 3 | | Any major illnesses that you wish us to know about | | | |  | | | | | |
| 4 | | Any condition such as asthma or persistent hay fever that you wish us to know about | | | |  | | | | | |
| 5 | | Any drug allergies | | | |  | | | | | |
| 6 | | Any medication taken on a regular basis | | | |  | | | | | |
| 7 | | Any other factor affecting your son/daughter’s general health that you feel would be useful for us to know | | | |  | | | | | |
| 8 | | Any food allergies | | | |  | | | | | |
| 9. | | Please give details of any specific needs (eg, dyslexia) requiring additional equipment/support | | | |  | | | | | |

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| **Parent/Carer’s Signature** | **Date** |