

Application Form

Arts workshops  
for 13-17 year olds  
in Nottingham

# EXPRESS YOURSELF

Be inspired, be creative  
build confidence

City  
Arts

# Application Form

**EXPRESS YOURSELF**

## Referral Details:

Name of young person:	Date of Birth:
Name of parent/carer:	
Address:	
Postcode:	Telephone:
Email:	

All information entered into this form will be treated confidentially. More information may be required during the programme. City Arts is registered under the Data Protection Act 1998.

## Referrer Details:

Name:	
Job Title:	
Address:	
Postcode:	Telephone:
Email:	
In what capacity do you know the young person:	
Reason for Referral:	
What benefits do you hope the young person will gain from attending Express Yourself:	

The referrer could be a professional (social worker, nurse, doctor, teacher, youth worker, etc.) or a parent/carer can fill this section in.

**Please return your completed application form to:**

Alma Solarte-Tobon  
City Arts (Nottingham)  
11- 13 Hockley  
Nottingham  
NG1 1FH

# Permissions Form



NAME OF YOUNG PERSON:

To be completed for each young person taking part in the project. Information on this form will ensure safe inclusion for all participants

## MEDICAL INFORMATION

Does your son/daughter suffer from any condition requiring medical treatment? YES / NO

If YES, please give brief details and medication taken

Is your son/daughter allergic to any foods / medication? YES / NO

If YES, please give details

Any other details we should be aware of:

## DECLARATION

I agree to my son/daughter attending this project. In the event of medical emergency I give consent for my son/daughter to receive emergency treatment as considered necessary by medical staff. I may be contacted during the course of the event/programme at:

Parent/guardian details	Alternative Emergency Contact
Name	Name
Relationship to young person	Relationship to young person
Contact phone number	Contact phone number
Address	Address - if different

Signature of parent/guardian:

Date:

# Permissions Form



City Arts is working with local young people during Express Yourself programme. We are working with professional artists and evaluators. For us to do this, we need you to agree to City Arts using your photos, film, sound and/or written information.

This needs to be completed by each young person taking part in the project and returned to City Arts.

We will make sure that any information you provide is kept securely and used appropriately (we will not use your contact details externally) by City Arts and any other organisations working on the project. The information that we gather will be used in the Express Yourself evaluation.

**Please tick the box(es) that apply to you. Can we use:**

Photo	<input type="checkbox"/>	Film	<input type="checkbox"/>	Sound	<input type="checkbox"/>
Written Information		<input type="checkbox"/>	First Name		<input type="checkbox"/>

**In the following places:**

Printed materials e.g. flyers, banners, posters and reports	<input type="checkbox"/>	<input type="checkbox"/>
City Arts website and other organisations working on the project	<input type="checkbox"/>	<input type="checkbox"/>
Social networks e.g. Facebook, Twitter, Youtube and blogs	<input type="checkbox"/>	<input type="checkbox"/>
Newspapers and magazines	<input type="checkbox"/>	<input type="checkbox"/>
Television	<input type="checkbox"/>	<input type="checkbox"/>
Radio	<input type="checkbox"/>	<input type="checkbox"/>
Public events e.g. roadshows, exhibitions	<input type="checkbox"/>	<input type="checkbox"/>

First name	Last name
Signed	Date

If you are under 18 please ask a Parent/Guardian to sign below (in line with the Data Protection Act 1998)

First name	Last name
Signed	Date