**Application form**

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.

|  |  |
| --- | --- |
| **Name of young person:** | **Date of birth:** |
| **Name of parent/ carer:** | |
| **Phone Number:** | **Email:** |
| **Address:** | **Postcode:** |
| **Anything we need to be aware of:**  medical/disabilities/dietary requirements | |
| **Would you like to be added to our mailing list?** | **Yes/No (delete as appropriate)** |

**Referrer details**

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

|  |  |
| --- | --- |
| **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?** | |

Signature:

Date:

**Please forward to:**

**Alma Solarte-Tobon, City Arts, 11-13 Hockley, Nottingham, NG1 1FH**

**or via email: alma@city-arts.org.uk**