

English Folk Dance and Song Society
 Youth Forum Application Form

PERSONAL DETAILS

First name		
Last name		
Address		
Postcode		
Home telephone		
Mobile telephone		
Email		
Date of Birth		Age:
Gender		

EMERGENCY CONTACT

Name of Parent / Guardian		
Relationship to you		
Contact phone number		Email

DIVERSITY

EFDSS is committed to valuing diversity and wishes to encourage all groups in society to participate in our activities. By completing this form you will help us to monitor how effectively we are doing this - thank you. This information is used for statistical purposes only.

What is your ethnic group? (please tick)

- | | |
|--|---|
| White British <input type="checkbox"/> | Black British Caribbean <input type="checkbox"/> |
| White Irish <input type="checkbox"/> | Black British African <input type="checkbox"/> |
| Any other white background <input type="checkbox"/> | Any other Black background <input type="checkbox"/> |
| Mixed White and Black Caribbean <input type="checkbox"/> | Asian British Pakistani <input type="checkbox"/> |
| Mixed White and Black African <input type="checkbox"/> | Asian British Bangladeshi <input type="checkbox"/> |
| Mixed White and Asian <input type="checkbox"/> | Any other Asian background <input type="checkbox"/> |
| Any other mixed background <input type="checkbox"/> | Chinese <input type="checkbox"/> |
| Asian British Indian <input type="checkbox"/> | Any other background <input type="checkbox"/> |

ACCESS/MEDICAL DETAILS

Do you have any access needs we should be aware of?

Do you have any medical conditions or allergies we should be aware of?

Do you consider yourself to be disabled?

Do you have any dietary requirements?

How did you hear about EFDSS / Cecil Sharp House? Have you attended any of our courses, events or projects? If so, which ones?

Tell us why you are interested in being part of the Youth Forum:

MEDIA & EVALUATION CONSENT

Under 16 years

I (parent or guardian) **do/do not** give permission for _____ (insert name) to be photographed, filmed* and complete evaluation for the project.

I (parent or guardian) **do / do not** give permission for them to go out unaccompanied at breaks (please delete as applicable)

I (parent or guardian) **do / do not** give permission for EFDSS to use their name to caption their image on film or photographic material* related to the project (delete as applicable)

Signed _____

Relationship to young person _____

Name _____

Date _____

16 years or over

I **do/ do not** give my permission to be photographed and filmed* and complete evaluation for the project.

I **do / do not** give permission for EFDSS to use my name to caption my image on film or photographic material* related to the project (delete as applicable)

EFDSS to attach my name to any film or photographic material related to the project (delete as applicable)

Signed _____

Date _____

*EFDSS documents projects with photography and video film. Resulting images may be used in print & online by the EFDSS and other partners in a number of ways, including, but not limited to: documentation, marketing, publicity, educational resources, archiving, or fund-raising for future educational activities or other similar purposes.

Please return this form to education@efdss.org