**Musical Theatre Summer School 2017**

**Essential Information Form**

Trinity Laban has a commitment and duty of care to ensure the safety and well-being of all Summer School participants. We would be grateful if you would complete the information form below which will be used in the case of an emergency. The information will be treated as confidential and will only be accessible to relevant members of Trinity Laban staff. This information will be kept only for the duration of the Summer School, and will then be destroyed.

**Please complete this form in BLOCK capitals and return the completed form to Learning and Participation (Music), by email to** **mtsummerschool@trinitylaban.ac.uk**

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| **Participant Details** |
| First Name |  | Surname |  | DOB |  |
| Email |  | Mobile |  |
| **Next of Kin** |
| Name |  | Relationship to you |  |
| Phone number in case of emergency |  |
| **Health and Wellbeing** |
| Name of doctor |  | Name of surgery |  |
| Contact number of doctor or surgery |  |
| Does the participant have any special needs, medical conditions, allergies or access requirements? *(If yes, please give details)* |
|  |
| Does the participant take any medication that we should be aware of? |  |
| **Consent for Photography and Video** |
| Name of Student |  | If Under 18 years, Name of parent / guardian |  |
| ***By taking part in Musical Theatre Summer School you give permission for photographs and/or video of you/your child to be taken during the Summer School. Images will be used for departmental evaluation, and/or publicity for the Learning and Participation programme at Trinity Laban. Footage will not be broadcast or distributed through any commercial operations, and names will not be placed next to photos.*** |
| Trinity Laban Conservatoire of Music and Dance has a child protection policy to ensure the safety of all children we come into contact with. This policy and its codes and conditions can be seen at any time on request.**The information provided on this form is correct to the best of my knowledge.** |
| **Signature of student**  |  | **Date** |  |
| **Signature of parent / guardian (if applicable)** |  | **Date** |  |