**Beyond the Dots - Music 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. Please 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 locally on file only for the duration of the Summer School, and then will subsequently bearchived

**Please complete this form in BLOCK capitals and return the completed form to Learning and Participation (Music), preferably by email to** [**musicsummerschool@trinitylaban.ac.uk**](mailto:musicsummerschool@trinitylaban.ac.uk)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Participant Details** | | | | | | | | | |
| Forename |  | Surname | |  | | | | DOB |  | |
| Mobile Number  *(if applicable)* |  | | | Gender | |  | | | |
| School Attended  *(if applicable)* |  | | | Contact Email | |  | | | |
| Home Address |  | | | | | | | | |
| **Emergency Contacts for duration of Summer School** | | | | | | | | | |
| Name |  | | | Relationship | |  | | | |
| Mobile number |  | Contact Email | |  | | | | | |
| Alternative Emergency Contact Name |  | Alt. E C Mobile | |  | | | | | |
| **Health and Wellbeing** | | | | | | | | | |
| Name of doctor |  | | | Name of surgery | |  | | | |
| Contact number of doctor/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 participant |  | | If under 18 years, name of parent / guardian | |  | | | | |
| ***By taking part in this Music 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 photographs.***  ***If this causes concern, please contact the Summer School Team on*** [***musicsummerschool@trinitylaban.ac.uk***](mailto:musicsummerschool@trinitylaban.ac.uk)***.*** | | | | | | | | | |
| |  |  | | --- | --- | | **If under 18 years at time of the Summer School, please indicate if you give permission for your child to leave the premises unaccompanied at lunchtime and/or at the end of each day *(indicate with Yes / No )*:** | | | I give permission for my child to leave Trinity Laban unaccompanied at lunchtime and at the end of each day |  | | I DO NOT give my permission for my child to leave Trinity Laban unaccompanied during the project and will arrange for them to be collected at the end of each day |  |  |  |  | | --- | --- | | I agree to the participant contact email address to be added to the Learning & Participation mailing list to receive information of future opportunities *(indicate with Yes / No)* |  |   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 participant** |  | | | **Date** | | |  | | |
| **Signature of parent / guardian** |  | | | **Date** | | |  | | |