

**CONTEMPORARY YOUTH CHOIR (CYC) REGISTRATION FORM**

To be completed and signed by parent/guardian and participant

(Please note that those aged 18+ can self-consent)

**Participant’s Preferred Name:**

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| **Participant’s Full Name:**  *This is the name used on legal documents* |

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| **Phonetical Spelling of Name:**  *This is to ensure we pronounce your name correctly* |

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| **Participant’s Pronouns:** |

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| **Age:** |

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| **Date of birth:** |

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| **Address:** |

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| **Participant Contact Tel Number:** |

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| **Participant Email Address:** |

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| **Emergency Contact Name:** |

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| **Emergency Contact Email Address:** |

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| **Emergency contact phone number:** |

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| **Name of School/College (If Applicable):** |

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| **How would you describe you/your child’s ethnic origin?**  *Ethnicity data is collected so we can constantly improve representation across all our programmes at Cambridge Junction* |
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| **Are you in receipt of any benefits? E.g. Job Seekers, housing benefit, Disability Living Allowance.**  *We ask this as the programme is free and we want to ensure the opportunity is reaching those who otherwise wouldn’t be able to attend. If yes, please provide details.* |
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| **How did you hear about Contemporary Youth Choir? And why are you interested in getting involved?** |
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| **Do you have a physical, sensory or mental challenge that affects your day-to-day activities?**  *We ask this question to ensure your needs are met and you feel safe to participate. If yes, please provide details:* |
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| **Please describe any access requirements that you think we should be made aware of.**  *Please give as much information as you think is necessary (e.g. Wheelchair access, handouts on coloured paper etc.)* |
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| **Would you like to organise a phone/video conversation in advance of the first session to discuss any access requirements?** |
| Yes / No *(Please delete as appropriate)* |

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| **Would you like a tour of Cambridge Junction in advance of the first session so you can familiarise yourself with the space?** |
| Yes / No *(Please delete as appropriate)* |

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| **Will you need access to a quiet space during the sessions?** |
| Yes / No *(Please delete as appropriate)* |

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| **I give permission for photographs, audio and video footage of my child to be used for educational, promotional or publicity purposes by Cambridge Junction, Yvonne Hercules and project partners.** |
| Yes / No *(Please delete as appropriate)* |

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| **I give permission for my child to leave the venue alone at the end of session** *Please note that if you are not allowing your child to leave alone a member of staff will stay with them until you pick your child up* |
| Yes / No *(Please delete as appropriate)* |

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant Parent/Guardian**

**Date:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return the completed form to Beth Bailey, Creative Learning Producer via email - [beth.bailey@junction.co.uk](mailto:beth.bailey@junction.co.uk) or call the Box Office on 01223 511 511 and ask for the Creative Learning team who will complete the form for you over the phone.

This document can be submitted in the form which works best for you; email, over the phone or via voice note.

We would love to offer a place on the programme to all those who apply; however spaces are limited and we cannot guarantee sign-up.