

ACCREDITED COURSES APPLICATION FORM

Please complete this form in BLOCK CAPITALS and black ink and return to:
Admissions, The Garage, 14 Chapel Field North, Norwich NR2 1NY,
or email to education@thegarage.org.uk

continue on another page if necessary

ADDITIONAL STUDENT SUPPORT REQUIREMENTS

The Garage can offer a range of support to help students succeed on their course. We welcome students with disabilities and learning difficulties. (For example; dyslexia, epilepsy, mobility difficulties and mental health problems.) Do you consider yourself to have a learning difficulty, disability or medical condition that may affect your studies? (e.g. use of wheelchair, have dyslexia etc.)

Yes No

If yes, we will contact you to discuss how we can best support you.

MEDIA CONSENT

"I give permission for myself/son/daughter/young person in my care to be filmed/photographed in their class and performances. I understand and agree that The Garage and associated partners may use any photograph or film footage taken for publicity purposes. For example; leaflets, newsletters, newspaper articles, publications, reports and websites (including social media)"

I agree I disagree

Name: Signed:

(N.B. This must be signed by a parent/carer if the participant is under 18 years old)

DECLARATION

In signing this document you are authorising The Garage to pass the information you provide on this form to relevant funders and, when needed, the Department for Education. You are also authorising The Garage to release information for statistical, research and other purposes as set out in our data protection registration. This may also include contacting you and your parent/guardian by post, email or telephone (inc SMS) from time to time in connection with your application. It may also include contacting your school/college, or sponsor where further information to support your application is required.

If you want to be contacted about other courses or learning opportunities please tick this box. Your personal information will not be passed to organisations for marketing or sales purposes.

I understand that by signing this form I certify that the information I have provided is complete and accurate:

Signature: Date:

COURSE DETAILS

Please tick the course you are applying for

Performing Arts Foundation Programme

GCSE Dance

Acting

MA - Performing Arts Enterprise

GCSE Drama

Musical Theatre

If you ticked **other**, please specify:

Other

Dance

PERSONAL DETAILS

Please enter your full, legal name.

Title First name Middle name(s)

Surname Other names

Address

Postcode Phone No.

D.O.B. Email

Please provide emergency contact details. If the student is under 18, this should be a parent/guardian.

Title First name Surname

Relationship to prospective student