|  |  |  |  |
| --- | --- | --- | --- |
| **Today’s Date:**  |  | **Wac Arts ID:** |  |
| Student First Name |  | Student Last name  |  |
| Date of Birth | Gender | Telephone (home) |  |
|  |  |  |  |
| Address: | Mobile |
|  | Email address: |
| Borough | Post code | Name of School/ college you (student) are currently attending |
| Are a current Wac Arts member? Yes No |
| How did you hear from the Wac Arts Holiday Project?Friend/ Family recommendation School Website Press Radio Other If other, please specify  |
| I (child) am available and willing to attend classes regularly (please tick) |
| We are required by our funders to obtain the below information , please tick the appropriate box |
| **What is your ethnicity?**  |
| * White: Irish
* White British
* White: Traveller of Irish heritage
* White: White Other
* White: White European
* Asian or Asian British: Indian
 | * Asian or Asian British: Pakistani
* Asian or Asian British: Other
* Mixed: White and Black Caribbean
* Mixed: White and Asian
 | * Black or Black British
* Black or Black British:
* Any other Black African
* Black or Black Other background
* Chinese
 | * Any other ethnic group: Latin American
* Any other ethnic group: Kurdish
* Information not obtained
* Rather not say Any other ethnic group:
* Other (please specify)
 |
|  |  |  |  |
| * **Do you have a disability?**
* Yes No
 | * **Do you have a medical condition?**
* Yes No
 |
| * Visual Impairment
* Hearing Impairment
* Other Physical Disability
* ASD/Aspergers Syndrome
 | * Profound/complex disabilities
* Multiple disabilities
* Other-please specify of you would feel it would be useful for us to know
 | * Asthma
* Diabetes
* Epilepsy
 | * Temporary Disability after illness (e.g. post-viral or accidental)
* Other (please specify)
 |
| As we are a performing art & media college we often use photographs, video footage for publicity and /or screening purposes. I consent for photographs and video footage of my child to be used for publicity purposes. Yes 🞎 No 🞎 |
| All Wac Arts records are stored under reasonable security and can only be accessed by Wac Arts staff. Wac Arts is registered with the information commissioner under the 1998 Data Protection Act. From time to time we may contact you regarding our programme or courses. We will not pass on personal information. |
| Parent/ Carer Signature Printed |

Please return your application form to:

Cherelle Sappleton Wac Arts, Old Town Hall 213, Haverstock Hill NW3 4QP

🕿 020 7692 5834