



WONDER Wac Arts for 11 – 25 year olds

(Workshops for young people
with learning disabilities)

APPLICATION FORM

Today's Date _____

First Name _____

Surname _____

Address _____

Post Code _____ Borough _____

Home  _____ Mobile  _____

Email : _____

Date of Birth _____ Age _____ Male/Female _____

Ethnicity _____

Please Turn Over...

Name of school / college you are attending?

How did you hear about Wonder Wac Arts ?

What are you interested in: (Please ✓)

- Performing Arts: Term Time (Evenings)
- Holiday Courses 'Oasis' Residentials
- Wac Arts Wonder Web Media Projects

Do you need transport to attend the workshops? YES / NO

Are you a wheelchair user? YES / NO

Do you have any physical limitations or medical conditions?

Name of Parent/Carer _____



Do you have a social worker, care manager or supervisor?

YES / NO

If yes, what is their name? _____



As we are a performing arts & 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 for proper purposes. 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 to anybody else.

FOR OFFICE USE ONLY: DATE RECEIVED DATE ENTERED