

# Barton Hill Settlement

43 Ducie Road, Barton Hill, Bristol BS5 0AX

# Tel: 0117 377 3162

email: [giulia@travellinglighttheatre.org.uk](mailto:giulia@travellinglighttheatre.org.uk) www.travellinglighttheatre.co.uk

# Free Theatre Trips Registration Form

Travelling Light Theatre Company have received funding from the Youth Investment Fund to give more young people to opportunity to see live performance in a variety of venues. We are offering free monthly trips to different local venues including travel arrangements, open to everyone aged 10-18 in Bristol.

**How does it work?**

There are 10 tickets available per trip, sometimes there are age recommendations for each show though we try and pick things which are open to many different ages. All you need to do is:

1. Register your details using this form
2. E-mail it back to [takepart@travellinglighttheatre.org.uk](mailto:takepart@travellinglighttheatre.org.uk) – **make sure you include an active e-mail address and a mobile number**
3. We will text you the up to 10 days before the next trip
4. You just need to text back\* for your free ticket!
5. After that we’ll send you the trip details by e-mail and you’re coming to the theatre!

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **THE YOUNG PERSON** | | | | | | |
| Name | | | Date of Birth | | | |
| Name of school | | | | | | |
| **PARENT/GUARDIAN** | | | | | | |
| Name of Parent/Guardian |  | | | | | |
| Address |  | | | | | |
| **Postcode** |  | | | | | |
| Contact telephone number | Home |  | | | Work |  |
| Number to text ticket offers to |  | | | | | |
| Email address (for trip details) |  | | | | | |
| For relevant information e.g. Theatre Trip Info, how would you prefer us to contact you? | | | | Email  Phone  Post | | |
| If you would like to receive an E Newsletter please tick here | | | | | | |
| **PERMISSION** | | | | | | |
| I give permission for my child to attend Travelling Light’s Free Theatre Trips and to hold their contact details. I understand theatre trips are free, and my young person may ask for £3 travel reimbursement if they keep their ticket. I give consent for Travelling Light Staff to accompany my child to and from the venue when necessary. | | | | | | |
| Parent/Guardian Signature | Signature\* | | | | | |

*\*Spaces for each trip are limited, so if you have been on two trips in a row, you can still text back but priority might be given to someone else.*

Any questions please contact Giulia on 0117 9031649 or 07724534375.

*N.B. This information is strictly confidential and will not be available to third parties. It will be deleted from our records if your child decides to leave the programme unless you specifically request to be kept on the mailing list newsletter.*

**CONSENTS AND PERMISSIONS**

**EQUAL OPPORTUNITIES MONITORING**

Travelling Light is committed to equality and diversity and we aim to ensure that no-one receives less favourable treatment on the grounds of race, colour, nationality, ethnic or national origin, sex, culture, disability marital status, sexuality or age.

**Monitoring is part of this process to help us identify areas of under-representation and to assess those areas where positive action is needed**.

Your co-operation in completing this form is greatly appreciated. Information given to us will be strictly confidential. **You are not obliged to fill in any of the questions**. If you do not wish to answer any particular question or questions, please feel free to leave it blank.

|  |  |  |  |
| --- | --- | --- | --- |
| **FOR OVER 13’S ONLY** | | | |
| I consent to allow Travelling Light to contact my young person about trips via e-mail or mobile (tick)  Yes  No | | | |
| Young Person’s Mobile |  | Young person’s E-mail |  |

|  |  |
| --- | --- |
| **ADDITIONAL INFORMATION** | |
| Please give details of any known medical conditions, disabilities, special requirements (including dyslexia), allergies etc that we should know about (continue on separate sheet if necessary): | |
| Do you consent to your child being given medical treatment in case of an emergency? | yes  no (please tick as appropriate) |
| Please could you indicate how your child will generally travel to see shows? (Please tick all that apply) | I will drop off/ collect my child at the venue  I will drop off/collect my child at Barton Hill Settlement and they will make their way there with Travelling Light  My son/daughter will make their own way there/back |
| Do you give permission for your child to be photographed and/or videoed? | yes  no (please tick as appropriate) |
| Do you give permission for Travelling Light to use photos or videos for publicity purposes eg website, newsletters etc? | yes  no (please tick as appropriate) |
| Do you give permission for Travelling Light to share photos or videos with third parties, e.g. Youth Investment Fund? | yes  no (please tick as appropriate) |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Ethnic Origin*** | | | | | | | | |
|  | White | |  | | | Mixed Heritage | |  |
|  | White British | |  | | | Black Caribbean/White | |  |
|  | White Irish | |  | | | Black African/White | |  |
|  | White Polish | |  | | | Asian/White | |  |
|  | Other White | |  | | | Chinese/White | |  |
|  |  | |  | | | Other Mixed Heritage | |  |
|  | Black or Black British | |  | | | **Asian or Asian British** | |  |
|  | Black Caribbean | |  | | | Asian Indian | |  |
|  | Black African | |  | | | Asian Pakistani | |  |
|  | Black Somali | |  | | | Asian Bangladeshi | |  |
|  | Other Black  | | | |  | Asian Chinese | |  |
|  |  | | | |  | Other Asian | |  |
|  | **Other ethnic origin (please state) :**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |  | |  |
|  |  | |  | | |  | |  |
| *Please tick as appropriate* | | | | | | | | |
| Male | |  | | Female  | | | Prefer not to say  | |
|  | | | | | | | | |
| *Do you consider yourself to be disabled?* | | | | | | | | |
| Yes | |  | | No | | |  | |
|  | | | | | | | | |