

Work in Theatre - Easter and summer 2020 application form

The activity is provided by Creative Learning & Community Partnerships (part of the Ambassador Theatre Group/ATG). The data that you have provided will be used by ATG for the sole purpose of providing the activity that you are signing up for and as further detailed within the ATG Privacy Policy <http://www.atgtickets.com/privacy-policy/> If you do not wish to provide such information to ATG, then we will be unable to provide the activity requested.

> About you

Your name:

Contact telephone number (mobile and home if available):

Contact email:

Your address:

Postcode:

Date of birth (optional)

Date	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

NB: If less than 18 years old at 1st January 2020 please also complete the parental consent element at the end of this form.

Please return this completed form to: Emily Buck-Roberts, West End Creative Learning and Community Partnerships Officer, Ambassador Theatre Group Ltd, 39-41 Charing Cross Road, London, WC2H 0AR or scan and send to WestEndCreativeLearning@theambassadors.com

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> Your health

Your doctor (name, name of surgery and telephone number):

Do you suffer from any medical conditions/allergies? Include details of any current medication to be administered.

Are you allergic to any medication?

Have you received a tetanus injection in the last five years?

Yes / No (please select)

Please list below any medication that you take on a regular basis (we have a duty of care to all participants and need to be entirely informed of any medication being taken).

Please advise us below of any access needs you may have, so that we might have the opportunity to make reasonable adjustments to ensure that everyone who needs support because of a disability or health condition can come to our theatres and have the best experience possible.

Do you have a health or behavioural condition or are you taking any medication that could reasonably affect your ability to carry out work with the Ambassador Theatre Group?

Yes / No (please select)

(If you answer yes to the above question, you will not necessarily be refused a placement, but you will be

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asked to consent to provide further information As an organisation we aim to offer equal opportunities for all, and welcome applications from those with any of the above).

> Confidentiality

In the course of your work at the Ambassador Theatre Group ("ATG") you may receive or have access to confidential or sensitive information. This information may include, but is not limited to, contact details and terms of engagement for actors, producers, creative team members and members of staff, sales and attendance figures, venue or production information, database information and information relating to ATG's operations, plans or intentions, know how, rights, trade secrets, market opportunities and business and financial affairs.

It is a condition of your time participating in the Ambassador Theatre Group West End Work In Theatre course that, during and after your time with us, you agree to keep all such information strictly confidential and not to disclose any such information to any person nor remove such information or any copies, in any form, from ATG's premises or systems.

Please confirm your agreement to the above by signing below.

I confirm my agreement to the above

Signed: _____

Date: _____

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> Your application

Please use this page to tell us about yourself.

Why have you chosen to apply for a place on the ATG Work in Theatre course?

Which area(s) of theatre are you particularly interested in?

Why should we choose you to take part in the course?

Have you participated in any Ambassador Theatre Group workshops or courses previously (please list)?

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> Emergency contact details

Please enter the names & details of 2 people we can contact in case of emergency.

Name One:

Relationship to applicant:

Telephone number:

Name Two:

Relationship to applicant:

Telephone number:

> Costs and payment details

**The cost of the Easter 2020 Work in Theatre course is £140 per participant.
The cost of the summer 2020 Work in Theatre course is £165 per participant.**

If you are successful in your application, you will be sent confirmation details of the schedule for the week (including details of which theatre you'll be working in) and you will be asked to make payment online or by cheque. Participants will need to pay for the course at least two weeks in advance.

If you would like to apply for one of our funded places, please contact **Emily Buck-Roberts** West End Creative Learning & Community Partnerships Officer for details

WestEndCreativeLearning@theambassadors.com

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Participants will not need to pay for tickets for shows they see during the course.

> Which course(s) would you like to attend?

Please tick appropriate dates for the course(s) date you would be available to attend:

6th April – 9th April 2020

14th April – 17th April 2020

27th July – 31st July 2020

3rd August – 7th August 2020

> Data Protection

To make sure you don't miss hearing about our best opportunities and offers, please check the relevant boxes below as agreement that Ambassador Theatre Group can contact you.

Don't worry, you can 'opt out' of these communications at any time. For further information on how Ambassador Theatre Group handles your information, our privacy policy is located here: <http://www.atgtickets.com/privacy-policy/>.

I would like to hear from The Ambassador Theatre Group via:

Email Post

SMS Telephone

Independent traveling

All those involved in the course who are under the age of 18 will be expected to be picked up and dropped off at the venues by a parent/carer/guardian. However, if you believe your young person is able to leave the sessions and make their way home independently then please sign the declaration below.

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or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medial authorities present.

- e) I understand that The Ambassador Theatre Group accept no responsibility for loss, damage or injury caused by or during attendance on any of the organised activities except where such loss, damage or injury can be shown to result directly from the negligence of The Ambassador Theatre Group.

Signed _____ (Parent/ Guardian) Date: _____

> Photography and Filming

Your name	
Location of Photography/Filming	
Date of Photography/Filming	
Name and address of organisation requesting permission	(Part of the Ambassador Theatre Group, Alexander House, Church Path, Woking, Surrey GU21 6EJ)
<p>As part of our communications activity, Ambassador Theatre Group occasionally uses photography and films for publicity and marketing purposes, as well as part of the services it provides.</p> <p>We would like to photograph or film you for possible inclusion in our publications (electronic and printed), website(s), social media (incl. live streaming), promotional and marketing materials, intranet, press and other publicity materials, internal training, company email newsletters, and recruitment purposes.</p> <p>Your contact details will remain strictly confidential. As default, we would not look to provide identifying information to the press. However, in some cases when your image is used for the purpose of press publicity, we may ask you if you would like to share any identifying information such as your name, and local authority/ward, alongside your image(s).</p> <p><i>Please note that the intranet, website and social media/internet based channels can be seen throughout the world, and not just in the United Kingdom, where UK law applies.</i></p>	
<p>Conditions of use</p> <ul style="list-style-type: none"> - This form is valid for five years and we will only keep your data for as long as necessary. - We will not use the photographs/film for any other purposes than those mentioned above. - Copyright of photographs/film taken will remain with the organisation named above - This form shall be governed by and construed in accordance with the laws of [England and Wales/Scotland]* and shall be subject to the exclusive jurisdiction of the courts of [England and Wales/Scotland]**Delete as applicable 	
<p>You have the right to request access to and rectification or erasure of personal data or restriction of processing concerning you or to object to processing. You have the right to make a complaint at any time to the Information Commissioner's Office (ICO), the UK supervisory authority for data protection issues (www.ico.org.uk). You can find further information on how we collect, process and store your data on ATG's privacy policy http://www.creativelearning.atg.co.uk/privacy-policy/</p>	

Do you give us permission to handle your data as outlined YES NO above?

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(Please tick as appropriate)

I confirm I am over 18 years old.

If you are under 18 this form needs to be completed by a parent or guardian on your behalf.

Table with 2 columns and 3 rows for signature, name, and date.

> Equal Opportunities Monitoring Form

Gender

Are you:

- Male
Female
Other
Prefer not to say

Ethnicity

Which Ethnic group are you?

White

- British
Scottish
Welsh
Irish
Gypsy or Irish traveller
Any other white background (please specify).....

Mixed/Other Ethnic background

- Mixed White and Black Caribbean
Mixed White and Black African
Mixed White and Asian
Any other mixed background (please specify).....

Asian

- Indian
Pakistani
Bangladeshi
Chinese
Any other Asian background (please specify).....

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Black

- African
- Caribbean
- Any other Black background (please specify).....

- Arab
- Any other Ethnic group (please specify).....

- Prefer not to say

Disability

The Equality Act 2010 defines a disabled person as someone who has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

Do you consider yourself to be disabled?

- Dyslexia
- Blind/Partially sighted
- Deaf/ have a hearing impairment
- Wheelchair user/ have mobility issues
- Mental Health difficulties
- Autistic spectrum disorder or Asperger's Syndrome
- Other SEN (special educational needs: please specify).....
- Personal care support
- An invisible disability
- A disability not listed in the table (please specify).....

- No

- Prefer not to say

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