

ART31 Registration Form

For the safety of the young person, this form is a requirement for all those attending ART31 or external trips and sessions at Gulbenkian. To be completed and signed by parent/carer or young person aged 18 years and over. All details will be treated as strictly confidential.

Details				
Name of Young Person:				
Name of Parent/Carer:				
Email Address of Young Person:				
Email Address of Parent/Carer:				
**NB: Email is the primary method of communication for updates/reminders/changes				
Address:				
Postcode:				
Landline No.: Parent/Carer Mobile No.:				
Young Person Mobile No.:				
Date of Birth of Young Person: Gender:				
Name of School/College/University:				
Emergency Contact Details (if parent/guardian is unavailable)				
Name: Relationship to applicant:				
Emergency Phone Number:				
Health and Wellbeing				
Please state information regarding your child's health, mobility, allergies, medication, dietary requirements etc in order to help us meet their needs more fully whilst participating in Gulbenkian activities:				

Is there any special protocol/ procedure we should be aware of in order to support your child?				
I give permission for the Gulbenkian to use and reproduce photos, films and recordings for marketing and evaluation purposes.				
Yes □	No □			
How did you hear about ART31?				
We dismiss young people at the end of sessions on the understanding they are making their own way home or being collected by a parent/sibling/carer. If you want us to ensure they remain with us until we see they have been collected by you please let us know by ticking this box				
This section of the form is optional; please leave blank if you do not wish to complete.				
1) Choos	se ONE section from A to D and tick the appropriate box to indicate your background.			
A White	e			
English □ Scottish □ Welsh □ Irish □				
Other White background, please write in				
B Asian				
Bangladeshi □ Indian □ Vietnamese □ Chinese □				
Other Asian background, please write in				
C Black				
Caribbean □ African Somali □ Other African □				
Other Black background, please write in				
D Mixe	ed Heritage			
Please write in				
2) Please tick the below boxes if any of these apply to you.				
	Special educational needs and / or disability			
	Asylum Seeker / refugee			
	Traveller / Romany			
	Pupil Referral Unit			
	Excluded from school			
	Home schooled			
	NEET (Not in Education, Employment or Training)			

	Homeless			
	Low income			
	In care / looked after			
	Mental health condition			
	Young carer			
	Young parent			
	Young offender			
	Long term/chronic illness			
Any more info you wish to provide:				
Parent/Guardian Signature:		Date:		
Print Name:				
Young Person Signature:				
Print Na	me:			

Please return to:

Neelam Saredia, Creative Learning Assistant, Gulbenkian, University of Kent, Canterbury CT2 7NB or email to n.saredia@kent.ac.uk Direct telephone: 01227 816472