Watermill Outreach

Fourth Wall Application form

Thank you for filling in this form. The details you give us help us keep in touch and keep you safe while you’re working with us. We never share details with people outside The Watermill. We will keep your information safe and delete it after 2 years.

|  |  |  |
| --- | --- | --- |
|  | **Participant** | **Parent / Guardian / Carer** |
| Name:  |  |  |
| Address:  |  |  |
| Date of birth: |  |  |
| Contact number(s): |  |  |
| Contact email: |  |  |
| Relationship to participant: |  |  |

In the event of an emergency…

Emergency contact details if above parent/guardian/carer is unavailable (please give names and numbers):

In the event of an emergency, are you able to evacuate following standard procedures?

[ ]  YES [ ]  NO – *a Personal Emergency Evacuation Plan (PEEP) will be needed*

Photographic consent

Do you give consent for yourself, or the person for whom you are responsible, to appear in photographs, films or videos which illustrate the work of The Watermill Theatre Ltd?

Uses may include: Brochures, leaflets and flyers produced by The Watermill Theatre as well as displays, exhibitions, local and national press and the theatre’s online presence.

[ ]  **YES** [ ]  **NO**

Keeping in touch

We would like to tell you about other opportunities with The Watermill.

Would you like to be added to The Watermill’s mailing list? [ ]  **YES** [ ]  **NO**

How would you like to hear from The Watermill? [ ]  **Post** [ ]  **Email**

How did you hear about this programme at The Watermill?

**Important information**

The information you share with us will be treated in confidence. The questions we ask are intended to establish how to support everyone. Please comment on the following areas as openly as you feel appropriate.

**Any access needs (learning difficulties, communication needs, Makaton, Widgit, BSL, etc.):**

**Any physical health needs (mobility, hearing, sight, any allergies, medication, etc.):**

**Any well-being needs (triggers, services accessed, coping mechanisms, etc.):**

**Any other important information (recent history, difficulties):**

**Contribution:**

We are requesting a contribution of £36. Your ticket to see the professional production is covered within this. Thanks to generous funding from Greenham Trust, however, if you are unable to afford this amount, please just let us know.

Bank transfers are most cost-effective for us as a charity and may be made as follows:

Reference: ‘FWD’ and your SURNAME

Account Number: 24183601

Sort Code: 40-51-62

Account Name: Watermill Theatre Ltd.

Alternatively, cheques may be made payable to Watermill Theatre Ltd. and returned by post to The Watermill Theatre, Bagnor, Newbury, RG20 8AE

[ ]  **I will contribute by bank transfer**

[ ]  **I will contribute by cash or cheque**

Working Together Agreement

By signing this form you are agreeing to observe our working together agreement. To get the most out of sessions, we ask our participants to respect each other, respect The Watermill, respect themselves and respect the activity.

|  |  |  |
| --- | --- | --- |
| **Participant Signature** | **Parent / Guardian / Carer Signature** | **Date** |
|  |  |  |

**Return to:** Watermill Outreach, The Watermill Theatre, Bagnor, Nr Newbury, Berkshire, RG20 8AE. **enquiries:** lixi@watermill.org.uk or 01635 570918