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**One Day Courses 2023/24 Application Form**

To apply for any of Mind the Gap Academy’s One Day Courses, please fill in this application form. You can ask a parent or support worker to help if you like.

**Please return it to Mind the Gap by Friday 31 March 2023**.

Your name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Your home address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Your telephone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your date of birth\_\_\_\_/\_\_\_\_/\_\_\_\_\_

Please tell us the name of your parent/support worker/ advocate, their telephone number and email

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to you\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you find out about Mind the Gap Academy?

**Please tick to confirm the following is true:**

☐ I have a learning disability and/or autism

☐ I will be over the age of 18 on 1 September 2023

**I am interested in joining** (tick all that apply)**:**

Theatre (Mondays) ☐ Dance (Thursdays) ☐ Music (Fridays) ☐

Totally Arts (Tuesdays) ☐ Totally Theatre (Fridays) ☐

Get into Performing Arts (Tuesdays at Square Chapel, Halifax) ☐

**Tell us more about your interests and other things you have done.**

**Please tick Yes or No:**

I am interested in theatre and performing arts

Yes ☐ No ☐

I have taken part in a theatre, drama, music or dance project before

Yes ☐ No ☐

I want to learn new skills

Yes ☐ No ☐

**Please tell us what you are doing at the moment:**

School ☐ College ☐ Work ☐ Day Centre ☐

Other (please tell us) ☐

**Please tell us about yourself, for example your hobbies and interests, other things you have done:**

**Please tell us why you would like to join one of our Academy Courses**

**If applicable, auditions will take place on Wednesday 12 April 2023.**

Will you need someone to come with you to audition? Yes ☐ No ☐

If Yes, who will that be?

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to you\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is there anything else you need like wheelchair access, an induction loop, sign language interpreter or particular food or drink breaks?**

**Referees**

Please tell us about someone you have worked with in the last two years. They can’t be members of your family, but could be care workers, teachers, people from theatre companies or other arts organisations.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please confirm that you are happy with the following by ticking the boxes:**

I consent for the information in this form to be kept by Mind the Gap for up to 3 years

I consent to Mind the Gap contacting me by:

Phone

Email

Post­

Send this form, so that we get it by **Friday 31 March** **2023** to:

Mind the Gap,

Silk Warehouse,

Patent Street,

Bradford,

BD9 4SA