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**Soundbox Registration**

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| **Name** |  |
| **Date of birth** |  |
| **Postcode** |  |
| **Contact Email** |  |
| **Contact Phone** |  |

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| **Instrument (incl. music tech) / Voice** |
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| **Please give a short summary of your past musical experience / interest** |
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| **Please provide details of any access requirements you have or additional support you may need in order to participate fully in Soundbox** (i.e entering/exiting buildings, materials in a specific format etc.) |
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| **Do you have any medical conditions or dietary requirements that we should be aware of?** (i.e epilepsy, diabetes, allergies) |
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**EMERGENCY CONTACT**

For over-18s, please let us know if you would like us to include this person in all our communications with you.

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| **Full name** |  |
| **Relationship to member** |  |
| **Mobile** |  |
| **Home phone** |  |
| **Email Address** |  |
| **Primary contact or emergencies only** | Primary Contact / Emergencies only (please delete as appropriate) |

**FIRST AID**

We are able to administer basic first aid if required. We cannot however be responsible for any medication that is required to be taken during the sessions.

**PHOTOGRAPHY AND FILMING CONSENT**

During session we may wish to take photographs and make video and/or audio recordings. Subsequently these might be used for

* Publicity and marketing – both in printed materials and online
* Presentation at conference and training
* Education papers and publications
* Press and fundraising materials

**Over-18s**

I give permission / I do not give permission (please delete as appropriate) to be photographed and filmed during the project for use by Spitalfields Music, London Symphony Orchestra and Drake Music in print, press and online marketing.

**Under-18s (to be completed by parent/guardian)**

I give permission / I do not give permission for my son / daughter (please delete as appropriate) to be photographed and filmed during the project for use by Spitalfields Music, London Symphony Orchestra and Drake Music in print, press and online marketing.

**TRAVEL**

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| **Under-18s (to be completed by parent/guardian)**  **Please let us know how your son or daughter will travel to/from sessions** (i.e are they able to travel independently, will you travel with them or will they require private transport?) |
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| **If you require support with travel to/from sessions, please give details as to the transport required:** |
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**CONSENT TO PARTICIPATE**

**Participant (Over-18s)**

I confirm that I have read and understood the above information about Soundbox, and that I will endeavour to contribute, to the best of my ability, to the supportive environment of the group

**Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian (Under-18s)**

I confirm that I have read and understood the above information about Soundbox, that I have discussed this with my son/daughter, and that I give them permission to take part.

**Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_**

To register for Soundbox please send your completed registration form and equal opportunities form (below) to [kathryn.elwick@spitalfieldsmusic.org.uk](mailto:kathryn.elwick@spitalfieldsmusic.org.uk).

Alternatively, please post to:

Kathryn Elwick

Spitalfields Music

61 Brushfield Street

London

E1 6AA

Please note that places are limited and will be allocated on a first-come first-served basis.

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| **Equal Opportunities Monitoring Form**  Spitalfields Music, Drake Music and LSO is committed to equal opportunities. Your reply will be treated in confidence. You are under no obligation to answer all the questions below.  **Age**  How old are you?  (please circle/highlight/delete as appropriate)  Under 20 20-34  **Disability**  The Disability Discrimination Act defines disability as a physical or mental impairment which has a substantial and long term adverse effect on a person’s ability to carry out normal day-to-day activities.  Do you consider yourself to have a disability? (please circle/highlight/  delete as appropriate)  Yes No  **Gender**  (please circle/highlight/delete as appropriate)  Female Male Other | **Ethnic background**  Please circle/highlight the ethnic category that best represents you. As you make your decision, please think about what ethnic group means to you, that is, how you see yourself.  Your ethnicity is a mixture of culture, religion, skin colour, language and the origins of yourself and your family. It is not the same as nationality.  **White**  British  Irish  Any other White background, please state    **Asian or Asian British**  Asian Bangladeshi  Asian Indian  Asian Pakistani  Any other Asian background, please state  \_\_\_\_\_\_\_  **Black or Black British**  Black African  Black Caribbean  Any other Black background, please state    **Chinese or other ethnic group**  Chinese  Any other, please state    **Dual Heritage**  Dual Asian and White  Dual Black African and White  Dual Black Caribbean and White  Dual Chinese and White  Any other background, please state  \_\_\_\_\_\_\_\_\_\_\_\_\_ |