



Holywell Community Centre  
 Tolpits Lane  
 Watford  
 WD18 9QD  
[admin@hit-theatre.org.uk](mailto:admin@hit-theatre.org.uk)  
 07857 986364

APPLICATION TO BE INCLUDED IN HERTS INCLUSIVE THEATRE CHILDREN'S AND YOUTH THEATRE GROUPS  
**Please fill in all sections in block letters**

NAME OF CHILD	
I LIKE TO BE CALLED	
DATE OF BIRTH	
ADDRESS INC. POSTCODE	
HOME TEL NO.	
MOBILE TEL NO.	
PARENT/GUARDIAN NAME:	
RELATIONSHIP TO CHILD	
EMAIL ADDRESS	
SCHOOL/COLLEGE ATTENDING	

EMERGENCY CONTACT NAME & TEL NO (IF DIFFERENT FROM ABOVE)	
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**Please state why you feel your child/young person would benefit from joining our inclusive theatre company:**

.....  
 .....

**Is there any other information which you feel would be useful for us to know?**

.....  
 .....

**Does your child have any allergies or take medication that we should know about?**

.....  
 .....

**Does your child/young person have any access requirements?**

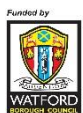
.....  
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**Does your child have any special circumstances we should be aware of? (For example, epilepsy or diabetes)**

.....  
 .....

**How did you hear about Herts Inclusive Theatre?**

.....  
 .....





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As we're an inclusive company we feel it is important for us to know as much about our participants as possible. Please complete the following where relevant.

**How I like to communicate:**

- I require visual aids when being given instruction
- I require key words when being given instruction i.e. Sit – Eat – Snack
- I am a BSL user

My sensory reactions	Under Sensitive	Average	Over Sensitive
Light			
Noise			
Touch/Pain			
Smell			
Taste			

**When I get upset, I may: (Please circle)**

- Get very agitated, loud and upset
- Become passive, possibly non-verbal and may appear to go to sleep
- Get verbally or physically aggressive, without meaning to
- Make noises
- Flap my hands or move other parts of my body
- Become unable to speak coherently
- Seem extremely bad tempered

Abilities that may be affected:	Average	Poor
Balance		
Speed of responding		
Social conversation		
Co-ordination		
Short term memory		
Concentration		
Multi-tasking		
Following complicated instructions		
Sense of direction		

Things that might affect my ability to do certain tasks:	Yes	No
Busy/Noisy places are stressful		
Being with others is tiring		
Bright or flickering lights upset me		
Being touched upsets me		
I do not like eating in company		
I can't read body language		
I do not understand social nuances		
I do not understand metaphors or figures of speech		
I am anxious with strangers		
I feel lonely and socially isolated		
It's hard to be brief		
I need time to plan what I'm doing		
Changes of plans make me anxious		
I cannot easily switch between tasks		
I get confused by too much information		

**How to help, if I'm upset:**

- Do not touch me
- Talk quietly and give me simple instructions
- Provide a quiet room with low lighting
- Give me time to calm down
- Phone one of my contacts to discuss next steps





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**Ethnic Origin Information**

HIT has a policy of equal opportunities and is committed to ensuring that our services are reaching all sections of the community. To help assess our effectiveness we have introduced a confidential system to monitor our customer base. Would you please therefore complete the following section? We also require this information for funding purposes.

Do you consider your child to be (Please tick relevant box):

White		Mixed		Asian or Asian British		Black		Other Ethnic Origin	
British or Mixed British		White and Black Caribbean		Indian or British Indian		Caribbean		Chinese	
Irish		White and Black African		Pakistani or British Pakistani		African		Other Ethnic Origin	
Other White		White and Asian		Bangladeshi or British Bangladeshi		Other Black			
		Other Mixed		Other Asian					

**Image and Photograph Permission**

Do you give your permission for any photographs taken to be used in HIT’s promotional material? (Please tick)  
 YES  NO

I understand that the image(s) will only be used for the following purposes:

- Electronic and printed information, displays and exhibitions relating to the activities of the Herts Inclusive Theatre.
- Any similar campaign or related area

I understand that this image will NOT be used for:

- Anything that may be viewed as negative.
- Anything that may offend, embarrass or distress the child, their parent or guardian.

**Emergency disclaimer**

I agree that in the event of an accident or incident, a trained member of staff may administer any first aid they deem necessary and appropriate. In the case of an emergency, if a member of staff is unable to reach me in time, then an ambulance may be called and a member of the team may accompany them to hospital. I understand that staff will give consent for any medical treatment the medical staff deem necessary unless instructed otherwise by me and cannot be held responsible for the outcome of such procedures.

Signed .....

Name ..... Date .....

**OFFICE USE ONLY**

DATE RECEIVED .....

GROUP.....

