

Parental/Legal Guardian Consent Form

Minors registering or applying for auditions at Birmingham Repertory Theatre

Please complete this form and return to the address on the reverse.

THE PARENT(S)/GUARDIAN(S)

Full Name and Surname:.....

Address:.....

..... Post Code:.....

Tel No:..... Emergency Contact Numbers.....

E-mail address:.....

THE CHILD

Full Name and Surname:.....

Date of Birth:...../...../..... Age:.....

Previous Work.....

.....

Continues overleaf

Please read the following agreement and sign below:

- Birmingham Repertory Theatre cannot guarantee audition or casting for your child/ward.

Permission

- I give permission for my child/ ward to be considered for suitable casting
- I give permission for my child/ward to attend in-house auditions.
- I give permission for photographs, video and quotations from my child/ward to be used for appropriate promotional purposes.

I declare that I am the parent/legal guardian of(name)

I consent to(name) being considered for audition and casting at Birmingham Repertory Theatre and its associated venues and partners..

I hereby give my consent for Birmingham Repertory Theatre’s Casting Department to hold the above details on file in accordance with the Data Protection Act 1998 (as amended).

I declare that I have completed this form accurately and to the best of my knowledge.

Print Name of Parent/Legal Guardian Parent/Legal Guardian Signature Date

Please return this form, along with the
Equal Opportunities monitoring form
and a recent head and shoulders **photograph** of your child, to:

The Casting Department
Birmingham Repertory Theatre
Broad Street
Birmingham
B1 2EP

The section below is to be completed by Casting Department

OFFICE USE ONLY		
_____	_____	_____
Print Name of XXX	Signature of XXX	Date

MONITORING FORM

The REP is committed to making its Equal Opportunities Policy fully effective. In particular the Theatre aims to ensure that no-one receives less favourable treatment on the grounds of race, colour, nationality, ethnic or national origin, sex, culture, disability, marital status, sexuality, age, responsibility for dependants, religion or trade union activity.

Monitoring is part of this process and will help us to identify areas of under-representation in our work force and to assess those areas where positive action is needed.

Your co-operation in completing this form is greatly appreciated. We stress that any information you give will be strictly confidential to our administrative department and will not be available to anyone else. You are not obliged to answer any of the questions. If you do not wish to answer any particular question or questions, please feel free to leave it blank.

Ethnic Origin

White

White British White Irish Other White

Asian or Asian British

Asian Bangladeshi Asian Indian Asian Pakistani Other Asian

Black or Black British

Black African Black Caribbean Other Black

Other Ethnic Origin

Chinese Other

Mixed Heritage

Asian/White Black African/White Black Caribbean/White Chinese/White

Other Mixed Heritage

Gender

Male Female

Age

Date Of Birth _____

Disability

Would you describe yourself as a disabled person?

Yes No