

REGISTRATION DETAILS - SUMMER SCHOOL 2017

Monday 31st July – Friday 4th August 2017

Please return this form to education@saa-uk.org or to SAA-uk, Suite 14, Munro House, Duke Street, Leeds, LS9 8AG



Name _____

Address _____

Postcode _____ Email _____

Telephone _____ Mobile _____

Name of Parent/Guardian _____

Relationship to child _____

Name and No. for emergency contact (if not as above) _____

Date of birth _____ How did you hear about Summer School? _____

Select Discipline	Level of Experience	Fee category (tick all that apply)	All Fees include Daily Vegetarian Lunch
Santoor <input type="checkbox"/>	How experienced are you on your instrument?	Young person £130 (aged 4 to 18) <input type="checkbox"/>	<input type="checkbox"/>
Bowed <input type="checkbox"/>	Total Beginner <input type="checkbox"/>	Student £130 <input type="checkbox"/>	<input type="checkbox"/>
Vocals <input type="checkbox"/>	Early Learner <input type="checkbox"/>	Pensioner £130 <input type="checkbox"/>	<input type="checkbox"/>
Sitar <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Adult £150 <input type="checkbox"/>	<input type="checkbox"/>
Tabla <input type="checkbox"/>	Advanced <input type="checkbox"/>	10% Family Discount* <input type="checkbox"/>	<input type="checkbox"/>
	Do you need to borrow an instrument? (please state what)	Qualify for subsidy** <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	*where more than one family member attends you will receive a 10% discount off all fees Deduct this AFTER Early Bird Discount	
	_____	**If you are unemployed or receive certain benefits you can apply for a subsidised place – please request the form for this. Deadline is 17 July 2017.	

PLEASE TICK THE BELOW IF IN AGREEMENT

I am applying before 4th July and have deducted **£10 Early Bird discount per person**

I am happy to be contacted by SAA-uk by email and/or phone in advance of Summer School, to receive practical information regarding the week

I would like to be added to the SAA-uk Mailing list

PAYMENT

I enclose payment of £ _____ (please make cheques payable to SAA-uk)

Please reference any BACS payments as 'YOUR NAME Summer School'

SAA-uk Bank Details: Sort Code 30-00-05 Account No: 01357984 Bank: Lloyds Bank

MONITORING INFORMATION

The following information is collected for statistical use only in accordance with the Data Protection Act. It helps us ensure we are being inclusive in our work and demonstrates this to funders.

Gender Male Female

Age 0-5 5-16 17-19 20-39 40-64 65+

Employment Status

<input type="checkbox"/> Student	<input type="checkbox"/> Full time work	<input type="checkbox"/> Part time work
<input type="checkbox"/> Retired	<input type="checkbox"/> Primary Carer	<input type="checkbox"/> Sick/incapacity
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Never worked	<input type="checkbox"/> Other (please state below):
<input type="checkbox"/> Prefer not to say	_____	

Do you consider yourself to be disabled or have specific support needs?

Yes No Prefer not to say

If yes, would it be useful for us to know what these needs are?

Ethnicity

<input type="checkbox"/> White: British	<input type="checkbox"/> Asian/Asian British: Indian
<input type="checkbox"/> White: Irish	<input type="checkbox"/> Asian/Asian British: Pakistani
<input type="checkbox"/> White: Other	<input type="checkbox"/> Asian/Asian British: Bangladeshi
<input type="checkbox"/> Mixed: White and Black Caribbean	<input type="checkbox"/> Asian/Asian British: Other
<input type="checkbox"/> Mixed: White and Black African	<input type="checkbox"/> Black/Black British: Caribbean
<input type="checkbox"/> Mixed White and Asian	<input type="checkbox"/> Black/Black British: African
<input type="checkbox"/> Mixed: Other	<input type="checkbox"/> Black/Black British: Other
<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Chinese
<input type="checkbox"/> Other (please state) _____	

PHOTO, VIDEO AND PERFORMANCE PERMISSIONS

We would like to document our Summer School and gather feedback by taking photographs and video/sound clips. These may be used in our own marketing and also by funders.

Can we take photographs of you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can we use photographs of you in publicity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can we take videos/sound recordings of you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can we use videos/sound of you in publicity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Signed
(by parent/guardian if under 18) _____ Date _____