



# ROYAL & DERNGATE ARTS LEADERS

Royal & Derngate's **ARTS LEADERS** for young people aged 13-24 is set for another fantastic year and we are looking for even more young people to be part of this award-nominated group.

It's **FREE** to join so that everyone can get involved.

**ARTS LEADERS** is a voluntary opportunity for young people to make a difference to their community by collaborating with professionals and community members to design and deliver social action arts projects that have a positive impact on their town. Past projects have included the much-praised *Mothertongue Tales* storybook and education project, and the *True Colours* LGBTQ+ unity project.

## WHY SHOULD I BECOME AN ARTS LEADER?

There are a lot of benefits to being an Arts Leader, including:

- Being able to design and deliver your own projects
- Working with arts professionals to develop skills and deliver activities
- Gaining valuable project management and arts industry experience
- Gaining a Bronze or Silver Arts Award qualification
- Gaining part of your Duke of Edinburgh Award
- Invites to all *Made In Northampton* press events
- Representing Royal & Derngate at events such as National Theatre Connections Festival, Gala Nights and Fun Palaces
- You get an exclusive free **ARTS LEADERS** t-shirt and hoodie
- It's fun!

## WHAT IS AN ARTS LEADER EXPECTED TO DO?

As an **ARTS LEADER**, you need to:

- Attend weekly sessions on Fridays 5.30pm-7.30pm
- Be committed to making a positive difference to your community through arts activities
- Represent Royal & Derngate at events
- Act as an ambassador and role model for Youth Theatre/Young Company groups and Royal & Derngate
- Take ownership of certain aspects of marketing and promotional material for Creative Learning activities
- Have a positive 'can do' attitude when working with young people, community and professionals

## I WANT TO JOIN – SO WHAT DO I DO NOW?

If you would like to become an **ARTS LEADER**, please fill in the application form attached to this letter and return it to Trudy A Bell, Creative Learning Director, as soon as possible. Maybe you have friends or family who would also like to join but are not Young Company members – that doesn't matter, you don't need to be a member of one of our other groups to be an Arts Leader, so get them to sign up too.

As always, if you have any questions, please do not hesitate to contact Trudy on [trudy.bell@royalanderngate.co.uk](mailto:trudy.bell@royalanderngate.co.uk) or 01604 655740. Remember, there is **no** joining fee.

**That's it – really simple, so join up today!**

# ARTS LEADER APPLICATION FORM

## Personal Information

Full Name	
Royal & Derngate Youth Theatre/Young Company Group <i>if applicable</i>	
School/Uni you are attending <i>if applicable</i>	
Mobile Phone Number	
Email Address	
Date Of Birth - <i>please note you must aged 13-24</i>	
Parent/Guardian Email Address	
Parent/Guardian Phone Number	

As an Arts Leader, you have the opportunity to work towards a Bronze or Silver Arts Award for FREE. Please tick below.

*Arts Award is a recognised arts qualification that is structured in a similar way to Duke of Edinburgh Awards. Arts Leaders will be supported to completed their award portfolios as part of ongoing projects. For more information on Arts Award, visit [artsaward.org.uk](http://artsaward.org.uk).*

**BRONZE**

**SILVER**

**NEITHER**

In one paragraph, explain why you would make a great Arts Leader – remember to tell us what personal qualities, experience and skills you bring to the group:

.....

.....

.....

.....

I confirm that all of the information I have provided in this application form is true to the best of my knowledge and that, should I become an Arts Leader, will attend all meetings and act as a responsible representative of Royal & Derngate.

Young Person Signature		Date	
Parent/Guardian Signature		Date	

## PERMISSIONS FORM

### We expect the following from all parents/guardians:

All Arts Leaders to be dropped off and collected in person from Underground 3 by their parent/guardian, unless the box below is ticked or they are over 18 and can tick for themselves.

Arts Leaders **will not be allowed into the centre of Northampton unaccompanied** on breaks or in between sessions or events, **unless the box below is ticked.**

I am happy for my dependent to arrive/leave the building unaccompanied at the beginning/end of session (i.e. to meet me in my car outside)

I am happy for my dependent to leave the building unaccompanied on breaks during all day rehearsals or in-between shows (on show days)

*Please note; if you have not agreed to the above option and later change your mind, your child will **not** be allowed to do this until the Creative Learning Director has received a letter from you, **stating that you now give your permission.***

### Photographs, video & audio recordings

By ticking below you are giving / not giving Royal & Derngate permission for any photographs, videos or audio recordings taken/recorded at any time during your dependents engagement to be used for marketing purposes.

**I agree** for any photographs, video or audio recordings to be used for marketing and archive purposes

**I do not agree** for any photographs, video or audio recordings to be used for marketing and archive purposes

### Let's keep in touch!

By ticking below you are giving / not giving Royal & Derngate permission to contact you (the participant) and your parent/guardian for any future marketing and/or engagement opportunities that your child or yourself may be interested in.

Tick here to **opt in** for future communications  Tick here to **opt out** of future communications

By signing below, you give Royal & Derngate permission to update or set-up an account on our Box Office System for the participant & parent/guardian using the information and preferences enclosed.

I have read and agree to the terms and conditions outlined.

Participant Signature: \_\_\_\_\_ Date:.....

Parent / Guardian Signature: \_\_\_\_\_ Date:.....

## MEDICAL FORM

First names of Young Person: \_\_\_\_\_ Surname of YP: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address of YP: \_\_\_\_\_

**NOTE: THIS INFORMATION WILL BE HELD IN CONFIDENCE**

**Please note that we are required to store all records for 6 months from the day of an Arts Leader leaving the group.**

**Does your child suffer from any of the following:**

ASTHMA	YES / NO
NOSE BLEEDS	YES / NO
CHEST COMPLAINT	YES / NO
WHEEZING OR HAYFEVER	YES / NO
MIGRAINE	YES / NO
FITS OR FAINTS	YES / NO
BAD PERIOD PAINS	YES / NO
DIABETES	YES / NO
NERVOUS DISORDERS	YES / NO
ANY ALLERGIES	YES / NO
ANY OTHER ILLNESS OR DISABILITY	YES / NO

**If YES please give details:**

Doctor: \_\_\_\_\_ Hospital Consultant (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ Hospital: \_\_\_\_\_

Tel No: \_\_\_\_\_ Tel No: \_\_\_\_\_

National Health No: \_\_\_\_\_

Are you receiving any medical treatment at present? YES / NO

If YES please give details. Please also give details of any medication you are on:

Have you had contact with any infectious illnesses within the last month? YES / NO

If YES please give details:

**IN AN EMERGENCY WE SHOULD CONTACT THE FOLLOWING PERSON:**

NAME \_\_\_\_\_ RELATIONSHIP TO YOU \_\_\_\_\_

DAYTIME TEL NO. \_\_\_\_\_ MOBILE TEL NO. \_\_\_\_\_

**EMERGENCY PERMISSION**

**I authorise any trained First Aid staff to administer first aid to in the event of an accident. I also give permission for them to be treated by a Paramedic.**

SIGNED \_\_\_\_\_ RELATIONSHIP TO YOUNG PERSON \_\_\_\_\_

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

## EQUAL OPPORTUNITIES FORM

We aim to establish and maintain an environment, practices and procedures which will ensure that no member of one of our groups/workshops receives less favourable treatment on the grounds of race, religion, belief, colour, nationality, ethnic or national origins, disability, gender, marital status, sexual orientation or age.

To ensure we are responding to our audiences and members we are choosing to monitor ethnic origin, gender, sexual orientation and disability, and would be grateful if you would complete this form to enable us to do this. The information provided will be treated as strictly confidential. It will be used for monitoring purposes within the organisation and will assist us to make decisions in the future. Please note; the categories used are those recommended by the Office of National Statistics and the charity Stonewall.

### Ethnic Origin

#### White

British  Irish  Gypsy / Irish Traveller  Any other white background

#### Mixed

White & black Caribbean  White & black African  White & Asian  White & Indian   
Any other mixed / multiple ethnic background

#### Asian / Asian British

Indian  Pakistan  Bangladeshi  Chinese  Any other Asian background

#### Black/Black British

African  Caribbean  Any other black background

#### Other

Arab  Any other ethnic group  Not known/prefer not to say

### Gender Identity: What best describes your gender?

Female  Male  Non-binary e.g. androgyne  Prefer not to say

Prefer to self-describe:

---

### Is your gender identity the same as the sex you were assigned at birth?

No  Yes  Prefer not to say

### Sexual Orientation

Bisexual  Gay Man  Gay Woman / Lesbian  Heterosexual/Straight

Prefer not to say

### Age (Please tick appropriate age range)

0-19  20-34  35-49  50-64  65+  Prefer not to say

### Disability

Non-disabled  Visual impairment  Hearing Impairment/Deaf  Physical Disabilities

Cognitive or Learning Disabilities  Mental Health Condition  Other long-term/Chronic Conditions