

Backstage Registration Form 2009

If you would like to register for a backstage interview please complete both pages of this form and return them with a photograph to:

Paul Griffiths, YMT, 40 Parkgate Road, Battersea, London, SW11 4JH.

Please call 0844 415 4858 if you have any queries.

You will then be contacted to arrange an interview.

Please staple/attach a passport-sized photograph here.

Please note projects take place during the school holidays and are residential.
Please note that you must be aged 16 or over.

First Name							
Last Name							
Age on 01/07/09		yrs		months	Date of Birth	/	/
(You must be aged between 16 – 21 on this date)		Male <input type="checkbox"/>		Female <input type="checkbox"/>			
Address							

Post Code	
-----------	--

Phone no.		Mobile no.	
Emergency contact no.			
Email			

Other information

Name and address of your school or college.	
---	--

Describe briefly what backstage experience you have had and where this was gained. e.g. school, local theatres. Please include any work experience.

What skills do you think you can bring to a backstage role?

YMT Backstage **2009**
Registration Form

First Name	
Last Name	

Are there any specific areas you are interested in? If these were not available what would you like to do?

How did you hear about this course? Please be specific which magazine, website etc

Have you been involved in previous productions with YMT? Please name them and note your role.

Signature of parent carer if under 18

Print Name Date / /

DATA PROTECTION ACT 1998

The above information will be kept on the YMT: UK database and used for future correspondence. Details will NOT be passed onto third parties.

For Office use only:

Project:

Additional notes:

Equal Opportunities Monitoring

YMT is committed to providing equality of opportunity, irrespective of race, colour, ethnic or national origins, gender, marital status, sexual orientation, age, disability, religious beliefs, political beliefs, economic status or class. In order to help us ensure our policy is being carried out it would help if you would complete the following details so that we can monitor applications.

Please be assured that any information you provide will be treated as confidential.

Thank you for your assistance.

ETHNIC ORIGIN I would describe my ethnic origin as (please tick):	
White	<input type="checkbox"/>
Middle Eastern	<input type="checkbox"/>
North African	<input type="checkbox"/>
Black African	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>
Black Other (please specify)	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
South Asian (Indian, Pakistani, Bangladeshi, Sri Lankan)	<input type="checkbox"/>
South East and Far Asian (Japanese, Malay, etc)	<input type="checkbox"/>
Asian Other (please specify)	<input type="checkbox"/>
Mixed race (please specify)	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

Northern Ireland only		
Do you consider yourself to be part of the (please circle)		
Catholic Community	Protestant Community	Neither

OTHER INFORMATION				
Gender (male/female) M / F	Nationality (as on your passport and usually the country in which you were born, e.g. Ireland, Zimbabwe, Britain, Kazakhstan)			
Date of Birth:				
DISABILITY STATUS (The Disability Discrimination Act 1995 protects people who have an impairment; are disabled and/or have long-term health conditions.)				
Do you think that you have a disability in accordance with the terms of the Disability Discrimination Act 1995?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please give brief details of your disability				