**Slough Music Service**

**COME JOIN THE BAND! Application form**

Completed applications should be emailed to sent to: [music.service@slough.gov.uk](mailto:music.service@slough.gov.uk)

Alternatively post to

Slough Music Service. Slough Borough Council, 51 Bath Road, Slough, SL1 3UF Tel: 01753 875832

***PLEASE COMPLETE IN BLACK INK AND USE CAPITAL LETTERS***Our privacy policy can be viewed on our website

**COME JOIN THE BAND! At Godolphin Junior Academy from 17th Feb to 19th Feb.**

**This application is for the 17th, 18th and 19th of February from 9am – 3pm**

|  |  |
| --- | --- |
| Child Full name |  |
| Date of birth |  |
| Male/Female |  |
| School year group 19/20 |  |
| School Attended |  |
| Food allergies (if any) |  |
| Special needs (if any) |  |

|  |  |
| --- | --- |
| Parent/Carer full name |  |
| Relation to child |  |
| Address |  |
| Email |  |
| Telephone |  |

|  |  |
| --- | --- |
| Emergency contact name |  |
| Relation to child |  |
| Telephone |  |
| Other relevant information |  |

**LEAVING THE PREMISES** No pupil will be allowed to leave the school without an accompanying adult. If somebody other than the parent/carer named above will be collecting your child please provide their name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**MEDICAL PROCEEDURES Please delete the following paragraph if you** **DISAGREE**:

In the event of accident / illness and after all reasonable attempts to contact me have failed, I give my permission for the person in charge to consent on my behalf for my child to receive any medical attention deemed necessary, including anaesthetic and blood transfusion. **GENERAL PRACTITIONER** GP name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RECORDING / PHOTOGRAPHY Please tick the box to give permission below::**

Slough Music Service occasionally takes photos & audio/video of pupils for archive purposes, teacher training and use in promotional material (Inc. internet). I give permission for material of my child to be used for these purposes

**Signature (Parent/carer): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

Slough Music Service would like to contact you by email informing you of the events and opportunities we offer young musicians in Slough. If you would like to receive these communications, please tick here:  We will not share your information with any third parties. You may unsubscribe to news and events emails at any time by contacting us.

**NOTE:**

**SLOUGH MUSIC SERVICE CANNOT ACCEPT RESPONSIBILITY FOR THE CARE OF CHILDREN OUTSIDE COURSE TIMES.**