Essex County Council

Essex Dance Theatre

Application and Medical form

for **Essex Dance Theatre Summer School**

First child's name: _____ Age: _____

Second child's name: _____ Age: _____

Third child's name: _____ Age: _____

Address: _____

Email: _____

Home phone number: _____ Work phone number: _____

Mobile number: _____ Emergency phone number: _____

COST (includes craft money)

9.30am – 3.30pm £120 per week for first child
£110 per week per additional family child

8.30am – 5.00pm £130 per week for first child
£120 per week per additional family child

Payment must be sent together with the application form. Payment is non refundable

Weeks required	No. of places required	9.30am to 3.30pm £120/£110	8.30am to 5pm £130/£120	Total payment for week
24 July to 28 July 2023		Yes	Yes	£
31 July to 4 August 2023		Yes	Yes	£
7 August to 11 August 2023		Yes	Yes	£
			Total	£

Please find enclosed cheque for total amount of £ ☐

Made payable to: **Essex County Council**. Confirmation of your booking will be sent by email.

To Pay by BACS Transfer please email paulene.sorrell@essex.gov.uk for details.

BACS transfer sent ☐

Return to: Essex Dance Theatre, Essex County Dance Studios, Dorset Avenue, Great Baddow, Chelmsford CM2 9UB

www.essexdancetheatre.co.uk

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Medical Details

for **Essex Dance Theatre Summer School**

First child's name: _____ Date of birth: _____

Second child's name: _____ Date of birth: _____

Third child's name: _____ Date of birth: _____

Doctor's name: _____

Doctor's phone no. _____

Doctor's address: _____

Please give as much information as you can. If they've had it, got it or something that looks like it, we need to know so that we can be prepared for any medical emergency. We will only share this information in such an emergency for the safety and wellbeing of your child.

Any childhood illness? _____

Any major injuries? (broken bones, etc.) _____

Any medical conditions? (skin or respiratory allergies, asthma, etc.) _____

Any regular medication? (please give details) _____

Any worries or concerns? _____

We request your permission for our staff to act on your behalf in regard to your child's well being and safety. **Please sign to confirm you give your permission.**

Name of parent/guardian: _____

Signature of parent/guardian: _____

Essex County Council handles information in accordance with the Freedom of Information Act 2000 and the Data Protection Act 1998 and is the data controller for the purposes of the Data Protection Act 1998. The information will only be used for the purpose of emergency contact during your child's time with us. Your personal information will be held on a database for the course length. it will be used to send you information about the following course. If you have any concerns about the way we handle personal information or would like to see any personal information held on you by Essex County Council please contact: Information, Essex County Council, PO Box 11, Chelmsford, CM1 1LX. 01245 431851, isis@essex.gov.uk