



(MEMBERSHIP FORM)

By completing this form I confirm that I am happy for Head2Head to keep the below data solely for the purpose of contacting me regarding its events and support. I understand that Head2Head will not share my data with any third party and will store it responsibly.

If for any reason you are unable to complete and return this form please telephone the office (01372 278021) with the details and a form will be typed up for you.

Full name of child					
Child's date of birth		Male:		Female:	
Brief details of child's disability					
Mobility issues					
School (if applicable)					
Name of parent/carer		Relationship to participant:			
Parent/carer's contact details	Mobile:			Landline:	
	Email:				
Alternative contact (for emergencies)	Name:			Mobile:	
Where do you live?	Town:			Postcode:	
Sibling	First name:			Year of birth:	
Sibling	First name:			Year of birth:	
Sibling	First name:			Year of birth:	
Sibling	First name:			Year of birth:	
How did you hear about us?					
I am happy for the participant & any siblings to be photographed for H2H publicity.		YES		NO	
I confirm that the participant has (or is applying for) an EHCP or has a life limiting limiting / life threatening condition		YES		NO	
WEST SUSSEX FAMILIES ONLY: We receive support from the Child Disability Team (CDT) and/or Choice Teams of West Sussex County Council		YES		NO	
<u>IMPORTANT INFORMATION</u>					
<ul style="list-style-type: none"> ❖ Tell us as soon as possible if you cannot attend ❖ We have £10m public liability insurance, safeguarding policy and risk assessment – please ask for copies ❖ You will receive an advance pack and full details of any booked event but if you have any queries please contact us – we are happy to chat through any concerns you may have ❖ Please note that, while every effort has been made to ensure the safety of the children, it is the parent/carers' responsibility to ensure that children are safe & accompanied at all times ❖ All venues have accessible toilets, some have hoists & changing facilities – please ask 					
BACS PAYMENTS	CAF Bank A/C No: 00027692 (Head2Head Theatre)	Sort Code 40-52-40	Reference: [participant's last name & date of performance]		
CHEQUE PAYMENTS	Cheques (payable to Head2Head Theatre) should be sent to: Head2Head Sensory Theatre, 15 Ralliwood Road, Ashted, Surrey KT21 1DD				

Head2Head Sensory Theatre, 15 Ralliwood Road, Ashted, Surrey KT21 1DD
 Tel/Fax: 01372 278021 07519 747 290 office@h2hsensorytheatre.com
<https://www.h2hsensorytheatre.com/whats-on>

PLEASE NOTE: All correspondence should be sent to the above address (fax, email or post)
 Registered Charity No. 1161873