



INTERNATIONAL CULTURE ARTS NETWORK
THE PLAYHOUSE DERRY-LONDONDERRY

ICAN My Say: Youth Art Event Wednesday 2nd November – Friday 4th November 2011 The Playhouse Derry – Londonderry

Wednesday: 3pm – 9pm

Thursday: 11pm – 9pm

Friday: 10.30am – 2pm

GROUP REGISTRATION FORM

Places at the My Say! Event are limited and will be allocated on a first comes first served basis!!

To attend all you need to do is complete this short application, making sure you meet the criteria and return to elaine@derryplayhouse.co.uk or post to Elaine Forde, Playhouse, 5 – 7 Artillery St, Derry – Londonderry, BT48 6RG as soon as possible. We will select the first sixteen completed applications and we will not accept any applications after Thursday 27th October at 5pm. **You will be notified on Friday 28th October at 5pm if your group has been selected. Its going to be a fab event so we hope you come!**

Event Details

Conference Dates: 2nd – 4th November 2011

Venue: Playhouse Derry – Londonderry

Structure: Workshops & Films & Presentations & Discussions & Socializing & Exploring

Criteria

To attend the event you must meet the following criteria:

- One youth / community (or alternative) leader who has been Access NI checked – you will be asked to present this at registration. The attending youth leader will be responsible for their youth group of four throughout the whole event.
- Four young people, only from each youth group can attend who are 14 – 21 years of age.
- You may invite a local artist you work with but this is not obligatory.
- The parents / guardian of each youth must complete the **CONSENT FORMS** (on page 4 – 7 of this document), giving permission for their child to attend the event; the youth will not be able to attend the event without a completed and signed copy of the consent form. However these details need to be completed in the submitted application form and a signed hard copy to be submitted at registration on the 2nd November at 3 – 4pm.

REGISTRATION FORM Part 1

First I require a little information about your group / organisation, the youth leader and each young person, please complete the following:

Name of Youth Group / Centre:

Name of Centre Manager:

Centre Manager Contact Details: Mob:

Work Number:

Email:

Mission or aim of group:

Centre Address:

Phone Number:

Email Address:

Website:

Name of Attending Youth Leader:

Position in organization:

Address:

Phone Number:

Mobile:

Email Address:

Have you been Access NI checked for child protection reasons? Please circle Yes No

You will be required to bring your Access NI Enhanced Disclosure Certificate with you to registration (Please contact Elaine Forde – event organizer at the Playhouse if you have not been checked or seek further information).

We will be filming and taking photos during the event for media reasons. Do we have your permission to include you in this documentation?

Please circle: Yes

No

Please list the names of the young people you wish to bring and their age and what is their preferred art workshop choice - 1 is the art form they would most like to do and 5 the least (participants will only do ONE art throughout the event).

1. Name: _____

Preferred Art Form: Please number 1 – 5, with 1 being the preferred choice.

Street Painting: _____ Poetry & Rap: _____ Graffiti: _____ Drama: _____ Fusion Dance: _____

2. Name: _____

Preferred Art Form: Please number 1 – 5, with 1 being the preferred choice.

Street Painting: _____ Poetry & Rap: _____ Graffiti: _____ Drama: _____ Fusion Dance: _____

3. Name: _____

Preferred Art Form: Please number 1 – 5, with 1 being the preferred choice.

Street Painting: _____ Poetry & Rap: _____ Graffiti: _____ Drama: _____ Fusion Dance: _____

4. Name: _____

Preferred Art Form: Please number 1 – 5, with 1 being the preferred choice.

Street Painting: _____ Poetry & Rap: _____ Graffiti: _____ Drama: _____ Fusion Dance: _____

Will you be bringing a local artist you work with? If so please complete:

Artists Name

Address

Contact No.

Email:

Has this artist be Access NI checked for child protection reasons?

Do we have photographic consent? Please circle: Yes No

Artists Bio (no more than 50 words)

REGISTRATION FORM PART 2 Accommodation & Catering

We will provide B&B for groups attending who live more that one hour away from Derry – Londonderry.

Do you need to avail of this accommodation?

Please circle: Yes _____ No _____

Please note: Youth leaders will have a single room or share with the accompanying artist (if same gender) and similarly teenagers will share a twin room for two. Your group will not share with other youth.

Do you or your group have any special dietary requirements or any other specific requirements?

Do you or your group have any food allergies or health issues that I should be aware of?

Thank You for completing this form.

**Now please ensure the Parental Consent Forms which follow, are completed and submitted with your application.
The young people must bring a signed hard copy to registration on Wednesday 2nd November.**

Consent Form to be Completed by the Parent / Guardian of Each Youth
Youth No. 1

Name of Young Person: _____ DOB: _____

Youths Mobile Number: _____ Home Number: _____

Youths Email Address: _____

Is the young person in formal education? _____

Parents or Guardians Name: _____

Address: _____

Phone Number: _____ Parents Mobile: _____

Email Address: _____

Please tell us about any illness / disability information (including medication) or food allergies that your child may suffer from.

Do you give permission for your child to stay overnight on the 2nd and 3rd November in the Tower Hotel or a similar Derry – Londonderry hotel? (only applicable to groups who live one hour or more away from Derry – Londonderry.

Please circle. Yes _____ No _____

We will be filming and taking photos during this project. Do you give your permission to use the images for press and publicity reasons?

Please circle. Yes _____ No _____

To be completed and signed by the parent or guardian.

I hereby give permission for (child's name): _____ to take part in the MY SAY! Youth Art Event on the 2 – 4 November 2011. The workshops will be facilitated by local and international artists and is coordinated by the Playhouse, Derry - Londonderry.

Parents Signature: _____ Date: _____

For Emergencies incase the parent needs to contact the young person they can do so by contacting Playhouse Coordinator details: Elaine Forde, Playhouse Derry – Londonderry, T. 02871 268027

Consent Form to be Completed by the Parent / Guardian of Each Youth
Youth No. 2

Name of Young Person: _____ DOB: _____

Youths Mobile Number: _____ Home Number: _____

Youths Email Address: _____

Is the young person in formal education? _____

Parents or Guardians Name: _____

Address: _____

Phone Number: _____ Parents Mobile: _____

Email Address: _____

Please tell us about any illness / disability information (including medication) or food allergies that your child may suffer from.

Do you give permission for your child to stay overnight on the 2nd and 3rd November in the Tower Hotel or a similar Derry – Londonderry hotel? (only applicable to groups who live one hour or more away from Derry – Londonderry.

Please circle. Yes _____ No _____

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Consent Form to be Completed by the Parent / Guardian of Each Youth
Youth No. 3

Name of Young Person: _____ DOB: _____

Youths Mobile Number: _____ Home Number: _____

Youths Email Address: _____

Is the young person in formal education? _____

Parents or Guardians Name: _____

Address: _____

Phone Number: _____ Parents Mobile: _____

Email Address: _____

Please tell us about any illness / disability information (including medication) or food allergies that your child may suffer from.

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Consent Form to be Completed by the Parent / Guardian of Each Youth

Youth No. 4

Name of Young Person: _____ DOB: _____

Youths Mobile Number: _____ Home Number: _____

Youths Email Address: _____

Is the young person in formal education? _____

Parents or Guardians Name: _____

Address: _____

Phone Number: _____ Parents Mobile: _____

Email Address: _____

Please tell us about any illness / disability information (including medication) or food allergies that your child may suffer from.

Do you give permission for your child to stay overnight on the 2nd and 3rd November in the Tower Hotel or a similar Derry – Londonderry hotel? (only applicable to groups who live one hour or more away from Derry – Londonderry.

Please circle. Yes _____ No _____

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Please circle. Yes _____ No _____

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For additional information contact Elaine Forde on T. 02871 268027 or email elaine@derryplayhouse.co.uk. Alternatively download information and registration form from www.icanplayhouse.com, once completed email to Elaine at the above email address

FOR INFORMATION

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