**Community Art School Sign Up Form**

If you would like to attend our new Community Art School for artists with Learning Disabilities in Newham, please complete this form and email it to [artschool@hopefulfutures.net](mailto:artschool@hopefulfutures.net)

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| **About Me** | | |
| **Full name:**  **Preferred name:** | **D.O.B (age):**  **Ethnicity:** | |
| **Address:**  **Phone Number:**  **Email:** | | |
| **Name of who we should contact in an emergency:**  **Their relationship to you:**  **Phone number:**  **Address:** | | |
| **My Communication** | | |
| **How I communicate:**  **How you should communicate with me:** | | |
| **My Health and Support Needs** | | |
| **My diagnoses:**  *Please include all physical and mental health needs, sensory impairment, mobility needs, as well as autism/learning disability etc. Please tell us what support you need, for example ‘I have epilepsy, I have an epilepsy care plan which says when emergency services should be called, which you will need to be aware of’.*  **Any Allergies?**  **I need support with personal care e.g going to the toilet and/or eating & drinking?** (Yes or No with details of support needed)  **I sometimes need 1:1 support?** (Yes or No and please detail why) | | |
| **About My Art** | | |
| **My favourite way to do art is:**  **My favourite piece of art that I’ve made was:**  **Art that I’d like to try is:** | | |
| **Please tick which day & terms you’d Like to sign up for** (you can attend on a Wednesday OR Saturday but can come to as many terms as you like. Please see ‘Art School Important Information’ for term dates) | | |
| **Wednesdays (2pm – 5pm)** | | **Saturdays (10am – 1pm)** |
| **Term 1**  **Term 2**  **Term 3**  **Term 4**  **Term 5**  **Term 6**  **Term 7** | | **Term 1**  **Term 2**  **Term 3**  **Term 4**  **Term 5**  **Term 6**  **Term 7** |
| **Payment**  (Please tick how you’d like to pay. We charge £5 per session (£30 per term) to cover the cost of art materials. Payment is due before each term starts so can be paid in stages through the year. We can offer a reduced cost if you do not get welfare benefits, if this is you please tell us) | | |
| **Bank Transfer**  **Cash**  **Cheque**  We will provide you with a receipt of your payment. | | |

By completing this form, you give Hopeful Futures consent to process your data. You can request our GDPR privacy policy by emailing [hello@hopefulfutures.net](mailto:hello@hopefulfutures.net)