**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

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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