



C/o The Kings Church, 37 Elm Grove, Southsea, Portsmouth, PO5 1JF ☎ (02392) 987977
www.hopeportsmouth.com

Hope Music Mentoring Academy

Your child has expressed a desire to be part of the HOPE After-School Music Mentoring Academy. This exciting project runs each Thursday after-school on February 5th until April 23rd 2009 by the HOPE Organisation that runs out of the Kings Church. The project seeks to develop musical and creative ability in young people as well as other skills such as team work and respect.

While places are limited, I am pleased to offer your child a place on the scheme that will run for 12 weeks at 3:30pm until 5:30pm at the Kings Centre.

Each Thursday, starting February 5th at 3:30pm.

Each session involves practical 'hands-on' sessions and training. At the end of the 12 weeks we will be showcasing the work in a gig to which everyone is invited to this including parents, relatives and friends.

Showcase Gig - Saturday 25th April 7:30pm

(More details will be made available about this nearer the time)

Your consent is required for your child to attend this course and I would be grateful if you could complete the attached form and return it to me no later than the 5th February 2008. Please fill in pages 2, 3 and 4.

Many thanks,

Gareth Matthews

HOPE Music Mentoring Group Leader



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I give permission for (name of child): _____

To attend the **HOPE After-School Music Mentoring Academy** on
February 5th 2009 – April 23rd 2009, each Thursday, 3:30pm-5:30pm at the Kings Centre.

REGISTRATION FORM

Parents / Guardian Name: _____

School Name: _____

☒ Home Address: _____

☎ Telephone Number: _____ Emergency Contact No: _____

Emergency contact relationship to child: _____

Medical History

Are there any medical conditions / allergies / food allergies we should know about?

If yes please give details:

Doctors Name, Address and Telephone:

Age/School year: (please tick)

Year 7 (11-12 year olds)

Year 8 (12-13 year olds)

Year 9 (13-14 year olds)

Year 10 (14-15 year olds)

Other (please specify) _____

Ethnicity: (please tick)

White British

White Irish

Any other white background

White and Black Caribbean

White and Black African

White and Asian

Any other mixed background

Bangladeshi

Indian

Pakistani

Any other Asian background

African

Caribbean

Any other Black background

Any Chinese background

Any other ethnic background

Prefer not to say

**Special Educational Needs (SEN)
& Disability**

Please tick if any of the following apply

Child receives support under the SEN Code of Practice 2001?

Child has a statement of special educational needs?

Child is disabled



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Participants in the After-School Academy agree to attend all the sessions unless the session leader is notified in advance. Places are limited and so non-attendance may mean the place will be offered to another child.

No transport to / from the Kings Centre is offered. By signing this form you agree for your child to make their own way to and from the Kings Centre (or you will arrange drop-off / pick-up for them).

HOPE Portsmouth is able to fund this project with the assistance of the Heart of Portsmouth Community Improvement Partnership. To help us do this, please can you indicate below whether you receive any one of the following (you do not need to tell us specifically which one(s)):

- Council Tax Benefit
- Housing Benefit
- Income Support
- Free School Meals
- Job Seekers Allowance
- Working Tax Credit
- Disability Working Allowance
- Foster Carer's Allowance
- Portsmouth Leisure Card

Please note that even if you do not receive any of the above your child is still eligible to take part in the academy.

The main contact for the project is **Gareth Matthews**.

☎ (02392) 987977, Extension 104.

Parent / Guardian Signature:

Signed: _____ Date: _____

Please indicate the following:

- I receive one or more of the allowances listed above.
- I am happy for my child to make their own way home from the Kings Centre when the day is finished (if you do not tick this box we will not allow them to leave without being picked up by their parent or guardian).
- I give consent for any recordings, videos or photos of my child to be used by HOPE Portsmouth for the showcase gig and / or any future publicity.



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HOPE After-School Music Mentoring Academy Extra Information Form

The Academy is broken down into 'streams' – which are dance, band workshops and video workshops.

I want to be involved in:

Band Stream

Video Editing Stream

Dance Stream

Note: You can only take part in **ONE** stream, so if you have two things you want to do can you tell us the thing you'd like to do most (write it next to the boxes above).