**Appendix A / Full Sign Up, Consent & Monitoring form**

**Depart**

**Consent and Information Form**

**Emergency Information:**

|  |  |
| --- | --- |
| Your details: | |
| Name: | Age:  D.O.B: |
| Address: | Landline:  Mobile phone:  Email address: |
| Emergency contact information: | |
| Emergency contact name:  Relationship to you: | Landline:  Mobile phone: |

Please confirm if you have any of the following:

|  |  |
| --- | --- |
| Medical conditions/allergies: |  |
| Access requirements: |  |

PLEASE NOTE: You are not required to divulge medical information, however, it is recommended that you advise of any allergies, conditions or illnesses that could be relevant. All information disclosed will be treated in the strictest confidence.

**Filming & Photography:**

Video footage and photographs taking during the course of the *Depart* project may be used by the co-commissioning partners, Spitalfields Music, London International Festival of Theatre, National Centre for Circus Arts, LeftCoast, Hull City of Culture 2017 and Brighton Festival. You agree to video footage and photography being used by the co-comissioning partners in the following forms:

* Publicity and marketing – both in print and online
* Presentation at conference and training
* Education papers and publications
* Press
* Fundraising materials

Please note that UK websites can be viewed throughout the world and not just in the United Kingdom where UK law applies. We will not include personal email or postal addresses, or telephone and fax numbers on video, on our website, or in other printed publications.

**Keeping in touch:**

We would like to keep in touch about future projects and events. If you are willing to be contacted by XXX or LIFT, please tick below. We will not pass your details on to any other organisations.

I would like to hear from XXX about future workshops and projects

I would like to hear from LIFT about future festivals and events

**Health & Safety:**

You will receive a health and safety briefing onsite at Tower Hamlets Cemetery Park advising you as to the risks and hazards involved in your participation in the performances of Depart. Please confirm that you will review carefully any information provided by, and comply with all instructions from Spitalfields Music, LIFT and National Centre for Circus Arts or its authorised sub-contractors in order to ensure your safety and security and that of the other performers involved in rehearsing or performing Depart.

You acknowledge that your participation in any of the rehearsals and performances for Depart is undertaken in a voluntary capacity and you understand that Depart entails known and unanticipated risks which could result in physical injury, damage to yourself, to property, or to third parties. You agree and promise to accept and assume all of the risks existing in this activity.

We will endeavour to provide appropriate backstage space for performers during all rehearsals and performances but Spitalfields Music, LIFT and National Centre for Circus Arts are not responsible for any loss or damage to persons(s) or property (including personal injury) arising out of or related to the project that you are undertaking unless directly attributable to the negligence of the Spitalfields Music, LIFT and National Centre for Circus Arts.

**I have read and understood the above**

|  |  |
| --- | --- |
| Your Signature |  |
| Your Name (BLOCK CAPITALS) |  |
| Date |  |

**Monitoring**

For our funding requirements, we would be grateful if you could complete the following monitoring form:



. Which of the following age groups are you? (Please select one answer only) ο Under 6 years ο 6-10 years ο 11-15 years ο 16-17 years ο 18-19 years ο 20-24 years ο 25-29 years ο 30-34 years ο 35-39 years ο 40-44 years ο 45-49 years ο 50-54 years ο 55-59 years ο 60-64 years ο 65-69 years ο 70-74 years ο 75+ years ο Prefer not to say

. How would you define your gender? (Please select one answer only)

ο Male ο Gender non-conforming ο Transgender

ο Female ο Prefer not to say

**How would you describe your ethnic origin?**

Your answers will help us to understand who we are working with in our communities. Please choose the description (as recommended by the Commission for Racial Equality) with which you most identify or write in another answer.

|  |
| --- |
| ***White*** |
| * *White British* |
| * *White Irish* |
| * *Any other white background (please specify )* |
| ***Mixed*** |
| * *White and Black Caribbean* |
| * *White and Black African* |
| * *White and Asian* |
| * *Any other Mixed background(please specify )* |
| ***Asian or Asian British*** |
| * *Asian or Asian British Indian* |
| * *Asian or Asian British Pakistani* |
| * *Asian or Asian British Bangladeshi* |
| * *Any other Asian background (please specify )* |
| ***Black or Black British*** |
| * *Black or Black British Caribbean* |
| * *Black or Black British African* |
| * *Any other Black background (please specify )* |
| ***Chinese or other ethnic group*** |
| * *Chinese* |
| * *Any other ethnic group (please specify )* |

Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? (Please select one answer only) ο Yes – limited a lot ο Yes – limited a little ο No ο Prefer not to say

Please email your completed forms to [XXX](mailto:bea.hankey@spitalfieldsmusic.org.uk) or post to XXX

**Appendix B**

**DEPART massed choir**

**Feedback Questionnaire**

**Name** ................................................................................

**Choir / Individual singer** ....................................................

1. How was your overall experience on the DEPART project? (please circle 1-5)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Not good at all** |  | **Okay** | | |  | | | **Great** | |
| 1 | 2 | 3 | | | 4 | | | 5 | |
| What was good about the project? | | |  |  | |  |  | |  |
| What was *not* good about the project? | | |  |  | |  |  | |  |

1. We’d like to know your thoughts on the project. Please circle the number on the scale below which fits your experience and add any comments

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not good at all** |  | **Okay** |  | **Great** |
| **Learning the music at home and/or with your choir** | 1 | 2 | 3 | 4 | 5 |
| Comments |  |  |  |  |  |
| **Rehearsing with Issy & the**  **sub-conductors** | 1 | 2 | 3 | 4 | 5 |
| Comments |  |  |  |  |  |
| **Meeting other singers & singing in a massed choir** | 1 | 2 | 3 | 4 | 5 |
| Comments |  |  |  |  |  |
| **Working with Circa directors** | 1 | 2 | 3 | 4 | 5 |
| Comments |  |  |  |  |  |
| **Performing with circus artists & dancers** | 1 | 2 | 3 | 4 | 5 |
| Comments |  |  |  |  |  |
| **Taking part in a large-scale outdoor professional show** | 1 | 2 | 3 | 4 | 5 |
| Comments |  |  |  |  |  |
| **Organisation of the massed choir** | 1 | 2 | 3 | 4 | 5 |
| Comments |  |  |  |  |  |
|  |  |  |  |  |  |



1. **How far would you disagree or agree with the following statements?**   
      
   **Depart…**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly disagree** | **Disagree** | **Neither disagree nor agree** | **Agree** | **Strongly agree** |
| …gave everyone the chance to share and celebrate together |  |  |  |  |  |
| …was an enjoyable experience |  |  |  |  |  |
| …improved my singing skills |  |  |  |  |  |
| …made me feel more connected with the stories of Hull and its people |  |  |  |  |  |
| … introduced me to new artistic experiences for the first time |  |  |  |  |  |
| …made me think more positively about people from other generations |  |  |  |  |  |
| … improved my self-esteem and/or confidence |  |  |  |  |  |
| …gave me the opportunity to interact with other people who I wouldn’t have normally interacted with' |  |  |  |  |  |

1. How could we improve the experience for singers?
2. Have you seen or been part of a show like this in the past? (PLEASE CIRCLE) YES / NO
3. Would you see or take part in a show like this in the future? (PLEASE CIRCLE) YES / NO

Please explain

1. What music projects or experiences would you like XXX to offer in the future?