**STAGEDOOR APPLICATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Full Name: |  | Guardian’s Full name and relationship to child *(if under 18*): |  |
| Guardian/ student (18+) email address: |  | Guardian/ Student (18+) mobile Number: |  |
| Postcode: |  | Date of Birth: |  |
| What class/es are you applying for? |  | Age on 01/09/2025: |  |
| Does the student have any SEN or medical needs?  |  |

|  |
| --- |
| **GENDER IDENTITY:** |
| Male |  | Female |  |
| Transgender Male |  | Transgender female |  |
| Gender Neutral |  | Non-Binary  |  |
| Any Other Gender Identity |  |

If other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| **ASIAN OR ASIAN BRITISH** | **WHITE**  |  |
| Indian  |  | British |  |
| Pakistani |  | Irish |  |
| Bangladeshi |  | Irish Traveller |  |
| Japanese |  | Roma |  |
| Vietnamese  |  | Mainland European including Scandinavian countries |  |
| Chinese  |  | North American  |  |
| Any other Asian Background  |  | Any other White Background |  |

If other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If other, please Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **BLACK, BLACK BRITISH, CARIBBEAN, AFRICAN or AFRICAN LATINO** | **OTHER ETHNIC GROUPS** |
| Caribbean |  | Arab |  |
| African |  | South American/ Latino |  |
| African-Latino |  | Hispanic |  |
| Any other Black or Black British Background |  | Any other ethnic group |  |

If other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **MIXED OR MULTIPLE ETHNIC GROUPS** |  |
| White and Black Caribbean  |  |
| White and Black African  |  |
| White and Asian |  |
| Any other mixed or Multiple ethnic background  |  |

If other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **FINANCIAL SITUATION:** |
| *Can you tell us a bit about your current financial situation? Any information helps us to get a full understanding of your situation, but you can put as much or as little as you wish.*  |

*Please tick one*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Can you provide evidence of your income? | YES |  | NO |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you already a YATI Student?  | YES |  | NO |  |

|  |  |
| --- | --- |
| How much can you contribute per term? *If in need of full funding, please put £0* | £ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you consent to be added to our mailing list? | YES |  | NO |  |

*If already a student:*

YATI is actively seeking additional funding to support our StageDoor programme. To assist in our fundraising, we are asking StageDoor families to write a short testimonial that will be anonymised and used across our funding applications and marketing. To help spread the word about the positive benefits of StageDoor we appreciate it if you could answer the following questions:

|  |
| --- |
| **In what way has YATI benefited your child?** |

|  |
| --- |
| **What does YATI mean to you as a parent?** |

|  |
| --- |
| **On a scale of 1 – 5, how much would you say that YATI has positively benefitted your mental wellbeing? (Please circle one)** |

|  |
| --- |
| **Is there anything else you would like to say in support of YATI and our work?** |