

# DULWICH PICTURE GALLERY

## Creative Arts Café Referral Form

Thank you for your interest in joining our Creative Arts Café programme at Dulwich Picture Gallery, please can you fill in some details below and we will be in touch soon with further information

Referred By: Name \_\_\_\_\_ Organisation \_\_\_\_\_

### Personal Details

Title \_\_\_\_\_ Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact Telephone Number \_\_\_\_\_ Mobile Number \_\_\_\_\_

Email address \_\_\_\_\_

How would you prefer to be contacted?

Telephone

Email

Letter

### Emergency Contact Details

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact Telephone Number \_\_\_\_\_ Mobile Number \_\_\_\_\_

### Participant Information

Have you previously visited Dulwich Picture Gallery? (Y/N)

Are you able to attend monthly sessions at Dulwich Picture Gallery? (Y/N)

The Gallery is able to provide in certain circumstances funding to support travel to and from the Gallery. Are you interested in applying for support to assist travel costs? (Y/N)

Why would you like to attend the Creative Arts Cafe Programme?

Is there anything else you would like us to be aware of?

**Further Information**

Further Information		Participant
Gender/ Sex		
Age		
Which do you feel describes you best?	White (White British/ White Irish any other white background)	
	Black (Black Caribbean, Black African)	
	Asian (Chinese, Japanese)	
	Asian (Bangladeshi, Indian, Pakistani)	
	Mixed Ethnicity	
	Other (Please Describe)	
	Prefer not to Say	
Are there any disability, access, medical conditions, allergies or food intolerances we should be aware of?		
	Hearing	
	Sight	
	Physical Mobility	
	Learning Difficulties	
	Mental Health Issues	
	Other (Please Describe)	
	Prefer not to Say	
Which best describes your place of residence	Own Home/Family Home	
	Independent Living	
	Assisted Living	
	Residential Care Home	
	Nursing Home	
	Hospital (long term)	
	Other (Please describe if known)	

I understand and give permission for images, interviews and recordings of myself to be taken, stored and reproduced by Dulwich Picture Gallery. I understand that the images may be used in Educational resources, displays of work, promotional leaflets and website content.

Yes  No

Signature of Participant

Signature of Guardian (if required)

Date

Please return this form to Kelly Robinson, Community Engagement Manager, Dulwich Picture Gallery. Gallery Road, London, SE21 7AD or via email to [k.robinson@dulwichpicturegallery.org.uk](mailto:k.robinson@dulwichpicturegallery.org.uk) 020 8299 8753 Through filling out this form you are giving us your personal information which we will store. We will use the information that we collect about you in accordance with the Data Protection Act 1998, the Privacy and Electronic Communications Regulations 2003 and the from 25 May 2018 new data protection rules known as the General Data Protection Regulation. For further information please see our Privacy Policy on our website.

