**Artbox London Registration Form**

Please return the ‘Registration Form’ to madeline@artboxlondon.org, or send to Artbox London, 1a Airdrie Close, London, N1 0DT or email to madeline@artboxlondon.org

Please also include any other documents or information that you feel could be helpful (such as an Education and Healthcare Plan)

|  |  |
| --- | --- |
| Artist’s name: | Contact Mobile Number: |
| Date of Birth: | Ethnic Origin: | Gender: |
| Address:Borough: |
| First emergency contact name: | Relationship to artist: | Telephone Number: |
| Second emergency contact name: | Relationship to artist: | Telephone Number: |
| Medical conditions (i.e. allergies, seizures): |
| Details of any medication or guidance required: |
|  (Please circle or highlight) Do you have: Learning disabilities AutismAdd more information (i.e. type of disability): |
| Support Information: |
| Would the artist be interested in 1-2-1 support from Artbox in the studio and/or getting to the studio? |
| Toileting needs: |
| Communication needs and main mode of communication: |
| Please let us know about any challenging behaviour, triggers and what can help: |
| Does the artist have any sensory issues, triggers and how Artbox can help: |
| Details of any criminal convictions: |
| Please circle/highlight best way of us letting you know about trips, events, exhibitions and progress of the artist/s: Letter e-newsletter/emailPlease use the email address below to receive news, updates and invites to our exhibitions and events |
| Name:  | e-mail address: |

**About Me**

Artist name:

Please circle or highlight the day/s you would prefer to attend:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| AM/PM  | AM/PM | AM/PM | AM/PM | AM/PM | AM/PM |
| What makes me happy? |  |
| What can Artbox do to help you feel happy in our studio? |  |
| What do you find difficult (i.e. talking to others, trying new things, reading, writing) |  |
| How can Artbox support you with the things you find difficult? |  |
| What makes you upset (i.e. loud noises, too many questions, not knowing what to do, being ignored)? |  |
| What do you do if you are upset? What are the signs? (i.e. ‘I might go to the toilets or a quiet space’) |  |
| How can Artbox help if you become upset?  |  |
| What is your preferred means of travel if we go on a trip(Please let us know if you suffer from travel sickness or anxiety) |  |
| I would prefer to create artwork (please circle or highlight): | On my own | With friends | With a volunteer |
| What kind of person do you like to help you (please circle as many as you wish): |  chatty bubbly fun inspiring calm quiet supportive makes me laugh gentle helpful Encouraging someone who helps me make friends  Someone who shows me new techniques caring energising |

Please refer to the ‘Your Image’ document and circle or highlight as appropriate:

|  |  |  |
| --- | --- | --- |
| I am happy for Artbox to use my image  |  Yes |  No |

Please refer to the ‘Selling Artwork’ document and circle or highlight as appropriate:

|  |  |  |
| --- | --- | --- |
| I am happy for Artbox to sell my artwork  |  Yes |  No |

Artist name: Signed: