

College Application Form

Course Applied for

Professional Performance Diploma in Musical Theatre

Foundation Course: Acting Musical Theatre Undecided

I would like to be considered for both courses

(Please complete in BLOCK CAPITALS)

Personal Details

Surname _____ First Name(s) _____

Address _____

Postcode _____

Date of Birth _____ Tel Number (inc STD code) _____

Mobile _____ Email _____

Height _____ Weight _____ Sex M/F

Nationality _____ Country of Residence _____

Previous Training – Please state what syllabus studied (RAD, ISTD, IDTA, BTDA etc) grade achieved or number of years completed.

SUBJECT	YEARS COMPLETED	LEVEL	GRADE ACHIEVED	EXAMINATION BODY
BALLET				
TAP				
MODERN				
JAZZ				
CONTEMPORARY				
SINGING				
DRAMA				
OTHER				

Current/Previous Training Provider _____

Address _____

Postcode _____

Tel No. (inc STD code) _____ Principal's Name _____

Academic Qualifications

Secondary School/College attended _____

Please give details of examinations taken / to be taken.

Subject	Level	Date Taken/ To Be Taken	Result/ Mock Result

Please give details of any previous or current performing experience/teaching experience

Do you play any musical instruments? if yes, please list which instruments and what standard you have reached.

Do you have any special skills? E.g.Gymnastics/Circus Skills/ Skating etc. Please list.

What hobbies or sports/leisure activities do you take part in? Please list.

Have you previously auditioned for Stageworks Yes/No If Yes state year.

Declaration:

I confirm that, to the best of my knowledge, the information given is correct and complete.

Signature of Applicant _____ Date _____

If the applicant is under the age of 18:

I, the Parent or Guardian, approve and give my consent to this Application.

Signature _____ Date _____

Next of Kin (in case of emergencies)

Name _____

Relationship _____ Contact Number _____

How did you hear about this course? _____



Medical Questionnaire

Full Name..... Date of Birth:

Do you have any disabilities? Yes/No Please give details:

Have you suffered from any broken bones, joints, spinal injuries or muscle damage? Yes/No Please give details with dates and treatment:

Have you ever suffered with any serious diseases, blood disorders or heart conditions Yes/No? Please give details with dates and treatment:

Please give details of any respiratory diseases or conditions including asthma:

Have you ever suffered with hay fever, eczema, allergies or skin conditions? Yes/No Please give details:

Please list any eye, ear, throat or nose conditions:

Have you any history of migraine, blackouts or epilepsy? Please give details:

Please give details of any history of depression, anxiety or other nervous conditions or disorders:

Are you currently taking any medication or drugs? Yes/No Please give full details and confirm if prescribed by a medical practitioner and for what purpose:

Do you suffer with dyslexia/dyspraxia or any other learning difficulty? Yes/No Please give details:

Have you suffered with any eating disorders? Yes/No Please give details:

Do you smoke? Yes/No if yes how many per day?

Do you have or have suffered with any conditions not covered by the above questions that you feel may affect your training, development and studies? Please give details:

Declaration

I declare that, to my best of knowledge, the information I have given on this medical form is complete and correct:

Signed by Student..... Signed by Parent/Guardian if student under 18yrs

A medical carried out by your regular doctor and certified by certificate maybe required prior to enrolment to the course.

Please note that the information supplied in this form will be treated in strict confidence. The information required is relevant for your training course and will not be released to anyone outside Stageworks

Please return your completed form, a non- refundable audition fee of £35.00 (cheques made payable to Stageworks) and a passport-size photograph to:

Administration Department
Stageworks Studios,
Kings Road, St Neots,
PE19 1BF