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**College Application Form**

**Course applied for (delete as appropriate):**

* Professional Performance Course
* Acting Foundation Course
* Musical Theatre Foundation Course

**Personal Details**

Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel Number (inc STD code) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nationality\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of Residence\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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** (dance, drama schools etc) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary School/College \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please give details of examinations taken / to be taken.

|  |  |  |  |
| --- | --- | --- | --- |
| Subject | Level | Date taken/Date to be taken | Result/Predicted 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 emergency)

 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:

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

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

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

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

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

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

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

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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:

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

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

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

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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:

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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 arrange payment of £35 non-refundable audition fee by BACS to:

Bank: HSBC

Account name: Stageworks

Sort code: 40-40-10

Account number: 61504827

Or alternatively please call 01480 223331 to pay over the phone.

Please return your completed form and a passport-size photograph to: **Administration Department, Stageworks Studios, Kings Road, St Neots, Cambs, PE19 1BF**

Or send over a copy with digital photo to admissions@stageworksstudio.co.uk