

Application Form

(Please complete in BLOCK CAPITALS)

Personal Details

Surname _____ First Name(s) _____

Address _____

_____ Postcode _____

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

Height _____ Weight _____ Sex M/F

Medical History/Concerns

Health/Medical Disclaimer

Please supply any medical information that is relevant to your study as a performer, this should include existing and past conditions that could affect you physical and mental well-being and successful training. Failure to disclose any relevant information could lead to immediate dismissal from the school.

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 _____

Previous Training – Please State level studying or Number of Years

Ballet _____ Contemporary _____

Tap _____ Singing _____

Modern _____ Drama _____

Jazz _____ Other _____

Current Training _____

Address _____

Postcode _____

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

Academic Qualifications

Please give details of examinations taken / to be taken.

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

Please return your completed form, a non-refundable audition fee of £25.00 (cheques made payable to Stageworks) and a passport-size photograph to:

Stageworks Studios,
The Towers,
High Street,
Buckden,
St. Neots,
Cambs,
PE19 5TA
ENGLAND