**ACTING COURSE**

**APPLICATION FORM**

**Firstly, how did you hear about us? Please underline one.**

Website Friend/Family Member Teacher/Tutor

Social Media Email/call from TRSE Hard copy poster/flyer

Other: please state:

**YOUR DETAILS**

First name ……………………………………….. Last name……………………………………….

Address ……………………………………….……………………………..………………………...

Post code ……………………………………….. Gender……………………………………...…

Date of Birth …………………………………..… Age……………………………………………..

Mobile No. ………………………………………..

Email ……………………………………..…………………………………………………………..

I prefer to be contacted by: Mobile phone \_\_ Email \_\_ WhatsApp \_\_ (Tick as appropriate)

Ethnicity ………………………………………………………………………………………………...

Do you consider yourself disabled?………………………………….

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Do you have any access or learning needs that we need to consider? …………………………………………………………………….

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*Please complete page 2*

*Please complete the following questions giving as much information as possible writing no more than 4 lines each.*

Q1 Why would you like a place on this course and what do you want to achieve?

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Q2 Details of your previous acting experience i.e. training, performances, work experience

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Q3 Details of any relevant personal and creative achievements.

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Q4 Are you able to commit to this course including rehearsing for the showcase? ……………...

**Term dates: Every Friday 7pm-9:30pm (Start October 26th – March 29th) No session: December 28th 2018**

**Declaration**

I confirm that I would like to audition for the Acting Course.

Signed ……………………………………….… Date ………………………………………………

Please email this completed form to Darnell Shakespeare dshakespeare@stratfordeast.com

*Make 2018 your year for success!*