



# APPLICATION FORM

## Part time, Evening and Weekend Courses

Firmly glue or staple a recent passport sized photograph here, with your name printed on the back of the photograph.

**Please do not send large photographs.**

Jacqui Ison Theatre Arts does not discriminate against applicants on the grounds of sex, disability, ethnicity, religion or sexuality. We welcome applications from disabled people and offer places on the basis of potential and suitability for the course of study. **Please complete all sections of this form in BLOCK capital letters and return to the address below.**

### FOR OFFICE USE ONLY

Date received: ...../...../.....

### PERSONAL DETAILS

First name/s: ..... Family name: .....

Date of Birth: ...../...../..... Age at commencement: ..... Gender:  Male  Female

Ethnic origin (please tick appropriate boxes):

- |   |   |   |  |   |
|---|---|---|--|---|
| A. White<br><input type="checkbox"/> British<br><input type="checkbox"/> Irish<br><input type="checkbox"/> Other White background | B. Mixed<br><input type="checkbox"/> White & Black Caribbean<br><input type="checkbox"/> White & Black African<br><input type="checkbox"/> White & Asian<br><input type="checkbox"/> Other Mixed background | C. Asian or Asian British<br><input type="checkbox"/> Indian<br><input type="checkbox"/> Pakistani<br><input type="checkbox"/> Bangladeshi<br><input type="checkbox"/> Other Asian background | D. Black or Black British<br><input type="checkbox"/> Caribbean<br><input type="checkbox"/> African<br><input type="checkbox"/> Other Black background | E. <input type="checkbox"/> Chinese<br>F. Any other ethnic group:<br>.....<br><input type="checkbox"/> Not declared |
|---|---|---|--|---|

Passport No. .... (Used to validate examination entries.)

Address: .....

Postcode: ..... E-mail address: .....

Daytime tel: ..... Evening tel: .....

Mobile tel: ..... Emergency tel: .....

### MEDICAL HISTORY

Do you have any medical conditions or special requirements that we should be aware of? If yes please give details below.

General Practitioners name: ..... Tel: .....

### STUDENTS UNDER 18

In the unlikely event of an accident, Jacqui Ison Theatre Arts will always contact you (i.e. the parent/guardian) in the first instance. However, if Jacqui Ison Theatre Arts is unable to contact you, please indicate whether a member of staff may contact your General Practitioner or take your child to hospital if deemed necessary:  Yes  No



Full name: .....

How did you hear about Jacqui Ison Theatre Arts? .....

Have you attended any courses at Jacqui Ison Theatre Arts? If so, please state course title and date:

.....

**VOCATIONAL TRAINING AND EXPERIENCE**

Please state how long you have studied and, if applicable, the HIGHEST level achieved and the awarding body. Eg: RAD, ISTD, BBO, LAMDA, Guildhall, etc.

	Years studied	Highest award	Awarding body
For example	5	Grade 4	ISTD
Ballet:	.....	.....	.....
Modern/Jazz:	.....	.....	.....
Tap:	.....	.....	.....
Musical Theatre:	.....	.....	.....
Drama:	.....	.....	.....
Singing:	.....	.....	.....
Musical Instruments:	.....	.....	.....
Other relevant skills:	.....		
Other performance experience (please specify):	.....		

**CONSENT FORM FOR STUDENTS AGED UNDER 18**

The school occasionally uses photographs and videos of students in its publicity material, theatre programmes and on the website. In accordance with government legislation the school is required to obtain parental consent for students under the age of 18 to appear in any such material. We therefore ask that you indicate your consent below.

I give/I do not give\* my consent for Jacqui Ison Theatre Arts to use photographs and videos of my son/daughter strictly for the purpose of publicity, in perpetuity.

Student's name: ..... Date: ...../...../.....

Parent/Guardian name: ..... Parent/Guardian Signature: .....

*\*please delete as applicable*

**REGISTRATION**

A registration fee of £20.00 is payable and must be enclosed with the completed Application Form together with a signed copy of the Jacqui Ison Theatre Arts' Terms and Conditions. **Please complete the registration payment details or make cheques payable to Jacqui Ison Theatre Arts CIC.**

Please ensure that the applicant's name is clearly printed on the reverse of the cheque.

I confirm that the above information is to the best of my knowledge, accurate and correct.

Name and address of parent/guardian if different from above .....

Signature of parent/guardian: ..... Date: ...../...../.....

Please send your completed Application Form, Registration Fee and signed Terms and Conditions to:  
Jacqui Ison Theatre Arts CIC, Studio Centre, Millars One, Southmill Road, Bishop's Stortford, Hertfordshire. CM23 3DH

*The above information will not be divulged to any third party.*

