



APPLICATION FORM

Short Bite Size Courses

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 this form in BLOCK capital letters and return to the address below, together with the course fee.**

Please indicate the course/s applied for and the start date.
Visit www.jacquiison.co.uk for course dates, fees, times and further details.

FOR OFFICE USE ONLY

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

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.

EASTER EXPERIENCE

Course Start Date:/...../.....

JAZZ BITES

Course Start Date:/...../.....

DANCE BY DESIGN SUMMER SCHOOL

Course Start Date:/...../.....

CLASSICAL AND CONTEMPORARY

Course Start Date:/...../.....

GOTTA SING GOTTA DANCE

Course Start Date:/...../.....

I enclose a cheque for the course fee/s of £ made payable to Jacqui Ison Theatre Arts CIC. Cheque number:

I understand that this fee cannot be refunded if I cancel for any reason within four weeks prior to commencement of the course/s.

PERSONAL DETAILS

First name/s: Family name:

Age at commencement: Date of Birth:/...../.....

Ethnic origin (please tick appropriate boxes):

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

Address:

Postcode:

Daytime tel: Mobile tel:

Emergency contact name: Emergency tel:

E-mail address:

PREVIOUS TRAINING

Place of training: Location:

Principal's name: Training centre tel:

Briefly describe your performance training:

Briefly describe any performance experience/roles:

Jacqui Ison Theatre Arts CIC, Studio Centre, Millars One, Southmill Road, Bishop's Stortford, Hertfordshire. CM23 3DH
T 01279 321283 E studio@jacquiison.co.uk www.jacquiison.co.uk



MEDICAL HISTORY

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

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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*

