

# Application Form

To be completed by all applicants for full-time training courses.

Audition Date: \_\_\_\_\_ Audition Fee: £40.00 (*non-refundable*)

## APPLICANTS DETAILS

Name of Applicant \_\_\_\_\_  
\_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Town/City \_\_\_\_\_  
Postcode \_\_\_\_\_ Country \_\_\_\_\_

Tel Number \_\_\_\_\_

Mob Number \_\_\_\_\_

Email Address \_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Nationality \_\_\_\_\_

## NEXT OF KIN DETAILS

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Tel Number \_\_\_\_\_

Mob Number \_\_\_\_\_

Work Number \_\_\_\_\_

This application is for admission at:

Autumn / Spring / Summer\* Term 20 \_\_\_\_\_

\* Delete as applicable

## CURRENT DANCE/DRAMA SCHOOL

Name and Address of Current Dance School

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Application \_\_\_\_\_

(Please complete using BLOCK CAPITALS)

## MOST RECENT EXAMINATION RESULTS

<b>SUBJECT</b>	<b>GRADE</b>	<b>AWARDING BODY</b>	<b>MARK</b>	<b>EXAMINER</b>
BALLET				
MODERN JAZZ				
TAP				
SINGING				
DRAMA				
MUSIC				
OTHER				

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

(If applicant under the age of 18)

Parent/Guardian Signed \_\_\_\_\_ Date \_\_\_\_\_

**Please return this completed form together with fee and other documents requested to:**

APPLICATIONS, PHIL WINSTON'S THEATREWORKS, 66-74 THE PROMENADE, BLACKPOOL, FY1 1HB

T: +44 (0)1253 292733 E: info@philwinstonstheatreworks.com