

BOOKING FORM

ACCESS TO ACTING - ACT 101

Please mark the start date and Level you wish to book

DATES

- Sunday 15th January 2012
- Sunday 15th April 2012
- Sunday 15th July 2012
- Sunday 14th October 2012

LEVEL

- LEVEL 1
- LEVEL 2
- LEVEL 3
- LEVEL 4

Personal Details

Name:

Address:

Tel No:

Mobile No:

Email:

Male/Female:

Date of Birth:

Nationality:

First Language:

Please attach a
recent
photograph

Previous Experience: Please list all past or current activities which will support your application.

Other Skills: (e.g. musical/sporting etc)

Reasons for wanting to attend course:

How did you hear about us?

Equal Opportunities Monitoring

We are committed to widening access to our courses and so it is important to monitor who is applying to the school. The information you provide below will not be used in the selection process.

Please tick the statement that best describes your ethnic origin:

- | | | |
|--|--|--|
| <input type="checkbox"/> White British | <input type="checkbox"/> Asian/Asian British Bangladeshi | <input type="checkbox"/> Mixed White/Asian |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Asian/Asian British Indian | <input type="checkbox"/> Mixed White/Black African |
| <input type="checkbox"/> White, any other | <input type="checkbox"/> Asian/Asian British Pakistani | <input type="checkbox"/> Mixed White/Black Caribbean |
| <input type="checkbox"/> Black/Black British African | <input type="checkbox"/> Asian/Asian British any other | <input type="checkbox"/> Mixed, any other _____ |
| <input type="checkbox"/> Black/Black British Caribbean | <input type="checkbox"/> Chinese | <input type="checkbox"/> Any other: _____ |
| <input type="checkbox"/> Black/Black British any other | <input type="checkbox"/> Not known/not provided | |

Please tick any statement that best describes your status with regards to any disability, and provide more details in the box provided, if appropriate:

- | | |
|---|--|
| <input type="checkbox"/> Hearing Disability | |
| <input type="checkbox"/> Dyslexia / Dyspraxia | |
| <input type="checkbox"/> Visual Disability | |
| <input type="checkbox"/> Learning Disability | |
| <input type="checkbox"/> Physical Disability | |
| <input type="checkbox"/> Other: | |
| <input type="checkbox"/> None known | |

Please include all conditions and/or disorders that you are aware of, such as ADHD – this information is so that we can assess your application /audition fairly and will in no way negatively affect the application outcome.

Please send completed application form to:

The Administrator, London School of Dramatic Art, 4 Bute Street, London, SW7 3EX or email to **admin@lsda-acting.com**

FOR OFFICE USE ONLY	PHOTO	AUD DATE	RESULT	OFFER ACCEPTED	NOTES