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| FOR OFFICE USE ONLY | PHOTO | AUD DATE | RESULT | OFFER ACCEPTED | NOTES |



# **Application Form**

**1 Year Advanced Diploma in Acting** (Full Time)

**Please attach a recent photograph**

**1 Year Foundation Diploma in Acting** (Full Time)

**2 Year Diploma in Acting** (Part Time)

**Year of Entry**

**Personal Details**

**Name:**

**Address:**

**Tel No:**

**Mobile No:**

**Email:**

**Male/Female:**

**Date of Birth:**

**Nationality:**

**First Language:**

**Will you apply for a Visa to attend the course?**

Please note, we are not eligible to host student visas. Applicants requiring a visa to study here should check with the British Home Office and their own embassy to see what other visas they are eligible for.

**Educational Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| **Educational Establishment** | **Qualification / Subject** | **Year** | **Result** |
|  |  |  |  |

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

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

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**Reasons for wanting to attend drama school:**

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**How do you intend to fund your studies?**

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**How did you hear about us?**

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**Auditions**

**I wish to audition in person at LSDA \***

***\*Please list any Saturdays you are not available:***

**I wish to send a recorded audition *(international students only)***

**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:

Asian/Asian British Bangladeshi

Asian/Asian British Indian

Asian/Asian British Pakistani

Asian/Asian British any other

Black/Black British African

Black/Black British Caribbean

Black/Black British any other

Chinese

Mixed White/Asian

Mixed White/Black African

Mixed White/Black Caribbean

Mixed, any other

White British

White Irish

White, any other

Not known/not provided

Any other:

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

Hearing Disability

Dyslexia / Dyspraxia

Visual Disability

Learning Disability

Physical Disability

None known

Other

|  |
| --- |
|  |

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.

**Referee (Teacher/Employer) -** Please give the full name and email address of one referee:

**Name**: **Email**:

**Relationship to applicant:**

**I confirm that the information supplied is correct:**

Signature: Date:

Please email your completed application form (including a photograph) to [**admin@lsda-acting.com**](mailto:admin@lsda-acting.com)