

# **APPLICATION FORM**

Please attach a recent photograph

[ ]  **1 Year Advanced Diploma in Acting** *(FULL TIME)*

[ ]  **1 Year Foundation Diploma in Acting** *(FULL TIME)*

[ ]  **2 Year Diploma in Acting** *(PART TIME)*

**Year of Entry 2023** [ ]  **2024** [ ]

**PERSONAL DETAILS**

**Name:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Tel No:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Date of Birth:** Day: Choose a day. Month: Choose a month Year: Choose a year

**Nationality:** Click or tap here to enter text.

**First Language:** Click or tap here to enter text.

**Which of the following most accurately describe(s) you?** *Choose as many as you like.*

Female: [ ]  Male: [ ]  Non-Binary: [ ]  Transgender: [ ]  Intersex: [ ]

Let me type: [ ]  Click or tap here to enter text. I prefer not to say: [ ]

**Will you have to apply for a Visa to attend the course?** Yes [ ]  No [ ]

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

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| --- |
|  |

**Other Skills:** *(eg. Musical, Sporting etc.)*

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|  |

**Reason 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**

**Equal Opportunities Monitoring**

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

**Please tick the statement that best describes your ethnic origin:** Choose an item.

**Please tick any statement that best describes your status with regards to any disability:** Choose an item.

Provide more information if appropriate:

|  |
| --- |
|  |

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**: Click or tap here to enter text. **Date**: Click or tap to enter a date.

*Type your name if you are emailing this form.*

Please email completed booking form to **admin@lsda-acting.com**