# lsda logo**BOOKING FORM**

**ACCESS TO ACTING - ACT 101**

Please attach a recent photograph

**DATES:** Please select the start date you wish to book:

**Sunday 21st January 2024**

**Sunday 21st April 2024**

**Sunday 20th October 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.

**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:**

**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.

**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 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.

Please email completed booking form to [**admin@lsda-acting.com**](mailto:admin@lsda-acting.com)