

**Peploe
Williams
Academy** of Theatre and
Performing Arts



**APPLICATION FORM
13 TO 18 YEARS**

01296 733 258

pwacademy.com | enquiries@pwacademy.com



APPLICATION FORM – 13 TO 18 YRS

AUDITION FEE: £35.00 (NON REFUNDABLE)

Please note that the audition fee must be enclosed with this application, together with a FULL LENGTH photograph in dancewear, and 4 x HEAD & SHOULDERS passport type photographs.

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

SURNAME

FIRST NAME

ADDRESS

HOME PHONE

WORK PHONE (FATHER)

WORK PHONE (MOTHER)

EMAIL

NATIONALITY

COUNTRY OF RESIDENCE

DATE OF BIRTH

HEIGHT

WEIGHT

YEAR OF ENTRY

AGE AT START OF COURSE

N.I. NUMBER

FULL NAME OF PARENT/GUARDIAN & ADDRESS (IF DIFFERENT FROM ABOVE)

PREVIOUS SCHOOLS ATTENDED (GENERAL EDUCATION)

ACADEMIC QUALIFICATIONS PASSED OR PLANNED (PLEASE INDICATE WHICH AND STATE GCSE, 'A' LEVEL OR OTHER)

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NAME AND FULL ADDRESS OF PRESENT DANCE/DRAMA SCHOOL

NAME AND FULL ADDRESS OF SINGING / DRAMA TEACHER

ACADEMIC QUALIFICATIONS PASSED OR PLANNED (PLEASE INDICATE WHICH AND STATE GCSE, 'A' LEVEL OR OTHER)

	LAST EXAM TAKEN	EXAM BODY (ISTD/RAD)	DATE TAKEN	RESULT
BALLET	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TAP	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MODERN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SINGING	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DRAMA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

HAVE YOU ATTENDED SUMMER SCHOOL OR WORK EXPERIENCE AT PWA?

IF YES, WHEN?

SUMMER SCHOOL

WORK EXPERIENCE

HAVE YOU ATTENDED SUMMER SCHOOL OR WORK EXPERIENCE AT PWA?

YES

NO

WHAT IS YOUR ETHNICITY?

BANGLADESHI

BLACK AFRICAN

BLACK CARIBBEAN

BLACK OTHER

CHINESE

INDIAN

WHITE

OTHER ASIAN

OTHER

NOT DECLARED

PERSONAL STATEMENT

If you have a Record of Achievement please attach a copy of your personal statement to this form.

WHAT IS YOUR CAREER AIM

WHY HAVE YOU CHOSEN TO AUDITION AT PEPLAE-WILLIAMS ACADEMY OF PERFORMING ARTS?

PLEASE LIST YOUR PERFORMANCE EXPERIENCE (IF ANY)

PLEASE LIST ANY INJURY, SERIOUS ILLNESS OR DISABILITY

If your audition is successful, you will be expected to supply a full medical fitness report prior to registration

DATE

ILLNESS

I confirm that the above information is correct to the best of my knowledge.

SIGNATURE OF PARENT / GUARDIAN

DATE

OFFICE USE ONLY

AUDITION DATE