



## ADVANCED FILM ACTING COURSE

Name \_\_\_\_\_ Gender 

M		F	
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Current age \_\_\_\_\_ Years.

Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Marital status \_\_\_\_\_

Attach latest  
Passport-size  
photograph

Residential address :(Permanent)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Tel. Nos. \_\_\_\_\_

Fax Nos. \_\_\_\_\_

E-mail \_\_\_\_\_

Residential address :(Local)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Tel. Nos. \_\_\_\_\_

Fax Nos. \_\_\_\_\_

E-mail \_\_\_\_\_

Educational Qualifications (Academic)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Actor training courses and workshops

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Professional acting experience (Mention the name of the play / film / TV programme; your role; the name of the Director; and the date of production.)

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Other professional work experience (Mention the Company's name; your post; and dates of employment.)

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Special skills and interests.

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### **D E C L A R A T I O N**

1. I declare that the information given in this Application Form is true.
2. I am fully aware of the full-time nature of the course , and I will make certain that no professional commitments or obligations will in any way impede my complete involvement in it if I am selected.
3. I am in good physical and psychological health.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



**THE BARRY JOHN  
ACTING STUDIO**

## Medical Certificate

**IMPORTANT** : This certificate is important in determining whether the applicant named below is fit and able to meet the demands of an acting course. The programme includes activities of a highly physical nature, and experiences that are intensely emotional and psychologically challenging. The information required below must be assessed and certified by a registered medical doctor, preferably one that has known the applicant over an extended period of time.

**ALL INFORMATION IS STRICTLY CONFIDENTIAL.**

APPLICANT'S NAME : \_\_\_\_\_

<b>F</b>		<b>M</b>	
Serial No.			

DATE OF BIRTH : \_\_\_\_\_

1. Does the applicant named above have a history of illness of poor health? If so, please give details.
2. Presently, does the applicant have any serious physical disability or condition?
3. Does the applicant have any impairment of vision or hearing?
4. Has the applicant ever been treated or hospitalised for drug abuse, or emotional or psychological illness?
5. Is the applicant undergoing any course of medication currently?
6. In your opinion, is the candidate fit and able to meet the demands of an acting course?

DOCTOR'S NAME \_\_\_\_\_

\_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Nos. \_\_\_\_\_

Qualifications \_\_\_\_\_

State Licence / Registration No. \_\_\_\_\_

DOCTOR'S SIGNATURE & STAMP

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