



**THE BARRY JOHN
ACTING STUDIO**

APPLICATION FORM

Tick one option only

Office use

Course	DIPLOMA		CERTIFICATE		Serial No.
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Name _____

Gender

M		F	
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Current age _____ Years.

Date of birth ____ / ____ / ____

Nationality _____

Attach
Passport-size
photograph

Residential address :

Postcode _____

Tel. Nos. _____

Fax Nos. _____

E-mail _____

Office / Institutional address :

Postcode _____

Tel. Nos. _____

Fax Nos. _____

E-mail _____

Schools attended with dates :

School exams / subjects passed :

College / Universities attended with dates :

University exams / subjects passed :

Hobbies / interests / special skills :

Educational awards / Prizes :

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

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

What is your assessment of your own character ?

Why do you wish to train as an actor ?

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 declare that I have read the Terms and Conditions of the Barry John Acting Studio and agree to abide by them.

Signature _____

Date _____

Counter signature of parent / guardian if under 18 years.

Date _____



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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 : _____

F		M	
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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