



# The Italia Conti Academy of Theatre Arts Ltd

Please affix a recent  
passport size  
photograph  
of yourself here

## BOY'S SCHOLARSHIP APPLICATION FORM

Applicants must be 16+ years.

### AUDITION FEE £40.00

**Please note:** The non-refundable audition fee must be enclosed with this application together with a passport size and FULL LENGTH photograph.

**Please return to:** The Italia Conti Academy of Theatre Arts, 23, Goswell Road, London. EC1M 7AJ

**U.K. Border Agency Rule:** All successful applicants will be required to provide their birth certificate or passport if EU nationals, or visa with right to study if non-EU nationals. These will be copied and kept by the Academy.

Please use BLOCK CAPITALS and complete /tick as applicable.

<b>Year of Entry</b> Autumn Term:..... 20____ Performing Arts Courses 16+ <input type="checkbox"/> Professional Dance Course 16+ <input type="checkbox"/>	Office use only:  <b>Audition Date:</b>
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<b>Applicant</b> Surname: _____ Forenames: _____ Date of Birth: _____ Height: _____ Weight: _____ Age (by next August 31): _____
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Home Address: _____ _____ _____ Post/Zip code _____ Country _____ Home Tel: _____ Mobile: _____ E-mail: _____ Fax: _____ Father: Work _____ Mobile _____ Mother: Work _____ Mobile _____
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<b>Parent/Guardian</b> Parent's Name Father: _____ Mother: _____ Parent's Occupation Father: _____ Mother: _____
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<b>Fees</b> If your audition for a scholarship is unsuccessful do you wish to be considered for a fee paying place? YES <input type="checkbox"/> NO <input type="checkbox"/> Do you only wish to be considered for a full fees scholarship? YES <input type="checkbox"/> NO <input type="checkbox"/> If applicable, do you wish to be considered for a part fees scholarship? YES <input type="checkbox"/> NO <input type="checkbox"/> If you answered YES to the above question, how much could you contribute to the fees each year? £ _____
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<b>Education:</b> Please list Schools attended (give dates & addresses).	From	To
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>Academic Qualifications</b>				
Year	Subject/unit/module/component	Level/Qualification	Result/Grade/Mark/Band	Result Pending
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Note:** You will be required to present copies of your Examination Result Documents on your first day at The Academy.

<b>Vocational Qualifications</b> Dance, Acting, Singing, Music.										
Year	Subject	Level/Grade	Board/Society	Result	Year	Subject	Level/Grade	Board/Society	Result	
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

<b>Examinations Planned</b> Dance, Acting, Singing, Music.			
Date	Board	Subject	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<b>Previous and Present Dance, Drama, Singing Teachers / Schools / Experience</b> (and addresses)
_____
_____
_____
_____

<b>Musical Instruments Played:</b>			
Instrument _____	Standard <input type="text"/>	Instrument _____	Standard <input type="text"/>
Instrument _____	Standard <input type="text"/>	Instrument _____	Standard <input type="text"/>
Instrument _____	Standard <input type="text"/>	Do read music? Yes <input type="checkbox"/> No <input type="checkbox"/>	Standard <input type="text"/>

**Associate School**

Do you attend an Italia Conti Associate School? \_\_\_\_\_ If yes, which school? \_\_\_\_\_

Which classes do you attend (please give grades where appropriate e.g. Ballet - Intermediate/Advanced 1)

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**The Academy is Committed to an Equal Opportunities Policy.**

The following information is only used to monitor applications to the Academy and supply information for Government and Educational statistics. It is not used as part of the audition process.

**Special Needs or Support**

Please detail any special needs you may have or support required as a consequence of any disability or medical condition.

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**Ethnic Origin**

White  Indian  Pakistani  Bangladeshi  Chinese  Asian  Black African   
Black Caribbean  Black Other  Other (Please State)

**Country of Origin**

**Nationality:** English  Scottish  Welsh  Northern Irish  British   
Other EU - please state \_\_\_\_\_  
Other - please state \_\_\_\_\_

**Gender:** Male  Female

**Health:** Please state if you suffer from any disability or have ever suffered from any serious medical problem. (Including illness, injury, allergies or stress related problems) YES  NO

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**How Did You Hear of The Italia Conti Academy?**

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**Personal Statement:**

Please state in no more than 150 words why you have applied for the course(s) and why you think you have the necessary potential to succeed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Permission to Apply**

This application is being made with my full knowledge and consent. I fully support the application.  
Parent / Guardian (applicable if applicant is under 18 years of age.)

Signature \_\_\_\_\_ Date \_\_\_\_\_