



The Italia Conti Academy of Theatre Arts Ltd

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passport size
photograph
of yourself here

THE STAGE
SINCE 1880

THEATRE ARTS SCHOOL SCHOLARSHIP APPLICATION FORM

AUDITION FEE £35.00

Please note: The non-refundable audition fee must be enclosed with this application together with a passport size and FULL LENGTH photograph. Applicants should provide copies of latest school reports. **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.

Year of Entry

Theatre Arts School: Autumn:..... 20____

Office use only:

Audition Date:

Applicant

Surname: _____ Forenames: _____ Date of Birth: _____

Height: _____ Weight: _____ Age (by next August 31st): _____

Home Address: _____

_____ Post/Zip code _____ Country _____

Home Tel: _____ Mobile: _____

E-mail: _____ Fax: _____

Father: Work _____ Mobile _____

Mother: Work _____ Mobile _____

Parent/Guardian

Parent's Name Father: _____ Mother: _____

Parent's Occupation Father: _____ Mother: _____

Fees

If your audition for a scholarship is unsuccessful do you wish to be considered for a fee paying place? YES NO

Do you only wish to be considered for a full fees scholarship? YES NO

Scholarships are sometimes divided between several talented applicants.

If applicable, do you wish to be considered for a part fees scholarship? YES NO

If you answered YES to the above question, how much could you contribute to the fees each year? £ _____

Education: Please list Schools attended (give dates & addresses). From To

Academic Qualifications (including Key Stage 2/3, early GCSE).

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.

Vocational Qualifications Dance, Acting, Singing, Music.

Year	Subject	Level/Grade	Board/Society	Result	Year	Subject	Level/Grade	Board/Society	Result	

Examinations Planned Dance, Acting, Singing, Music.

Date	Board	Subject	Grade

Previous and Present Dance, Drama, Singing Teachers / Schools / Experience (and addresses)

Musical Instruments Played:

Instrument <u> </u> Standard <input type="text"/>	Instrument <u> </u> Standard <input type="text"/>
Instrument <u> </u> Standard <input type="text"/>	Instrument <u> </u> Standard <input type="text"/>
Instrument <u> </u> 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 - Grade 4)

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.

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

How Did You Hear of The Italia Conti Academy?

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

Signature _____ Date _____