



# Evolution Foundation College

## Application form

Find the Potential in You

Audition Fee £0 (non-refundable)

For office use only  
Passport photo

Please complete form in BLOCK CAPITALS

Surname ..... First Names .....

Address .....

.....Post code .....

Date of Birth .....

Telephone # (home) .....

Mobile # .....

Email address .....

### Emergency contact details

Relationship..... Name ..... Contact # .....

Relationship..... Name ..... Contact # .....

### Other information

Have you experienced any serious injury or illness? Yes / No *If Yes, please supply details*

Do you have any health issues e.g Diabetes, Asthma, Epilepsy, Allergies? Yes / No *If Yes, please supply details*

Signed ..... Date .....

(parent/guardian if under 18)

Please return this form along with

- **AUDITION FEE £35 (non-refundable) – PLEASE MAKE CHEQUES PAYABLE TO ‘EVOLUTION FOUNDATION COLLEGE’**
- **3x PASSPORT PHOTOGRAPHS**
- **1x FULL- LENGTH PHOTOGRAPH**

To:-

**JACQUI TAPSELL F.I.S.T.D**

EVOLUTION FOUNDATION COLLEGE,  
UNIT A3, THE SEEDBED CENTRE, WYNCOLLS ROAD,  
SEVERALLS BUSINESS PARK. COLCHESTER CO4 9HT  
TEL 01206 890555 OR MOBILE 07850 108492

*Please complete overleaf relevant previous training detail*

**Training Detail**

Dance School

.....

Principal / Teachers

.....

School Address

.....

Please state how many years you have studied and the Grade you are in at present (where applicable).  
If known, the Examining board you studied with e.g ISTD, IDTA, RAD, BBO, BDTA

	<u>BALLET</u>	<u>MODERN</u>	<u>JAZZ</u>	<u>TAP</u>	<u>SINGING</u>	<u>ACTING</u>
Grade	.....	.....	.....	.....	.....	.....
Years	.....	.....	.....	.....	.....	.....
Board	.....	.....	.....	.....	.....	.....

Please add any previous Performance experiences.

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Please mention the reason why you have chosen to audition for a Foundation Course.

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Please could you state how you heard about the Evolution Foundation Course.

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Office use only

Audition Date ..... Candidate Number .....

