



Evolution Foundation College

Application Form

Audition Fee - £25

For office use only
Passport photo

Please complete form in BLOCK CAPITALS

Surname First Names

Preferred Pronouns

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

- **2 x PASSPORT SIZED HEADSHOT PHOTOGRAPHS - "YOU CAN SMILE"**
- **ARE YOU INTERESTED IN THE LEVEL 4 DIPLOMA QUALIFICATION - "Yes" or "No" (please circle)**

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

