



1-YEAR POST-GRADUATE PROGRAMME	
ENROLMENT FORM 20__ / 20 __	
(Please complete as much as you can, and attach a passport-size photo or low-res JPG file)	
Title:	Date of Birth:
Forename:	Surname:
Address	Phone:
	Mobile:
	E-mail:
	[please print clearly]
Postcode	
Westminster Resident?	YES / NO
Education:	
(Please complete as much as you can, or attach a CV)	

Spotlight Casting Profile? YES / NO

viewpin:

Casting Call Pro Profile? YES / NO

Professional Experience:

(Attach CV if preferred)

How did you hear about the Centre:

If someone recommended us, what is their name?

Where have you seen us? [please tick all that apply]

Our Display Cards GFC / Caravanserai performance or film

The Stage Metro Evening Standard Contacts book Actors Yearbook

Emagister Hotcourses GoogleAds Facebook Twitter Youtube

IdeasTap Other

Why do you act/direct/write?

What do you think you will gain from this course?

Why have you chosen to apply to us?

Any other information you'd like us to know: