



Female , Male & Child TV & Casting Application

Please ensure you complete this form in as much detail as possible to help us match you to as many jobs possible.

Date of application : _____

Personal Details:

Legal Name _____ Professional Name: _____

Address: _____

City: _____ Postcode: _____

Hometown: _____ National Insurance Number: _____

Mobile : _____ Home Telephone: _____

Email Address (**IMPORTANT**): _____

Birth date: _____ Age: _____ Playing Age Range: _____ Gender: _____

Are you a U.K Citizen? Yes No Nationality: _____ Race: _____

Are you currently?

Nursery School Student College Working f/t Working p/t Unemployed

Availability: (Please check the box(es) that apply to you)

Anytime Anytime w/notice Weekends only Can take a day off w/notice

Occupation(s) Past and Present: _____

Parent/Guardian Name (under 18): _____

Personal Statistics:

Measurements: Chest/Bust _____ Waist: _____ Hip: _____ Inside Leg: _____

Shoe size: _____ Clothing/Dress size: _____ Collar: _____ Suit size: _____

Weight: _____ Height: _____ Build: _____

Eyes: _____ Hair Colour: _____ Hair Length: _____

Complexion: Fair Medium Dark Mixed Race

Head Circumference: _____ Are you willing to have your hair cut? Y N

Wardrobe (Do you have 3 options of the following?) Casual: Business: Formal:

Do you own Evening wear (gowns): Do you own a Tux (Guys): Uniform:

Skills:

Dialects & Languages spoken fluently: _____

Previous Extra Work: Yes No Details: _____

Professional training (acting): _____

Hobbies: _____

Do you have any of the following skills? (Tick all that apply):

- | | | | | |
|---|---------------------------------------|--|---|---------------------------------------|
| <input type="checkbox"/> Artist | <input type="checkbox"/> Boxing | <input type="checkbox"/> Piano | <input type="checkbox"/> Taxi Driver | <input type="checkbox"/> Skiing |
| <input type="checkbox"/> Presenter | <input type="checkbox"/> Hairdressing | <input type="checkbox"/> Cycling | <input type="checkbox"/> Compere | <input type="checkbox"/> Football |
| <input type="checkbox"/> Doorman | <input type="checkbox"/> Swimming | <input type="checkbox"/> Tennis | <input type="checkbox"/> Fire eater | <input type="checkbox"/> Clowns |
| <input type="checkbox"/> Bar staff | <input type="checkbox"/> Croupier | <input type="checkbox"/> Fencing | <input type="checkbox"/> Juggling | <input type="checkbox"/> Decorating |
| <input type="checkbox"/> Disco dancing | <input type="checkbox"/> HGV driver | <input type="checkbox"/> Chauffeur | <input type="checkbox"/> Magician | <input type="checkbox"/> M/Up Artist |
| <input type="checkbox"/> Silver service | <input type="checkbox"/> Stilt walker | <input type="checkbox"/> Illusionist | <input type="checkbox"/> Acrobatics | <input type="checkbox"/> Ballroom |
| <input type="checkbox"/> Escapologist | <input type="checkbox"/> Human statue | <input type="checkbox"/> Ice skating | <input type="checkbox"/> Roller skating | <input type="checkbox"/> Horse riding |
| <input type="checkbox"/> Mime | <input type="checkbox"/> Waiter/ress | <input type="checkbox"/> Motor cycling | <input type="checkbox"/> Other: _____ | |

Valid driver's license? Yes No Type of license: _____

Do you have access to a vehicle? Yes No

Year/Colour/Model of Vehicle? _____

Automatic Yes No

Local Education Authority/Council (under 16): _____

Have you (your child) ever done any modelling/acting? Yes No

If yes, please provide details of experience you have had:

Have you (your child) ever auditioned for, or appeared on, a reality show or televised talent search or for any other reason? Yes No

If yes, please give date(s), title of show(s) and outcome

Are you currently represented by any agent or manager in connection with modelling or acting? If yes, please provide the name, address and phone number of your agent.

PLEASE ATTACH COPIES OF ALL AGREEMENTS.

I acknowledge that all of the information provided on this application is true and accurate, and any false or misleading information submitted herein is grounds for my immediate elimination from consideration.

SIGNED: _____

DATE: _____

PRINT NAME: _____

DATE OF BIRTH: _____

EMERGENCY CONTACT (Name, Phone#, Relationship):

IF THE ABOVE INDIVIDUAL IS UNDER THE AGE OF 18 YEARS, THE PARENT OR LEGAL GUARDIAN OF SUCH PERSON MUST ALSO SIGN BELOW:

I hereby warrant that I am the parent and/or legal guardian of the minor (the "Minor") who completed and signed the foregoing Model/TV Extra Application, that I have caused said Minor to complete and execute the Model/TV Extra Application, that all of the information provided on the Model/TV Extra Application is true and accurate, that I will not instruct, authorize or permit said Minor to disaffirm any agreements I cause Minor to execute in connection with the work. In addition, I agree to cooperate with Producer/Director in having this agreement and any past or future agreements entered into by the Minor in connection with the work approved by the applicable court and I hereby waive notice and any opportunity to appear and be heard in connection with any such proceedings.

SIGNED: _____ DATE: _____

PRINT NAME: _____ DATE OF BIRTH: _____

RELATIONSHIP TO MINOR: _____