

One Year Musical Theatre Course
 Two Year Musical Theatre Course
 (with BA hons option)



KSA Performing Arts, Beckenham Halls,
 4 Bromley Road, Beckenham, Kent BR3 5JE
 Tel (UK): 020 8090 5801 Tel (Intl): 0044 20 8090 5801
 Email: info@ksapa.co.uk Web: www.ksapa.co.uk

APPLICATION FORM

PERSONAL DETAILS

NAME: DATE OF BIRTH:/...../.....

ADDRESS: TEL NO:

..... EMAIL:

..... WHICH COURSE ARE YOU APPLYING FOR?

ONE YEAR TWO YEAR

PREVIOUS TRAINING & EDUCATION

COLLEGE / INSTITUTION	YEAR/S ATTENDED	COURSE / SUBJECTS	QUALIFICATION/S
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PERSONAL STATEMENT

Please tell us a little bit about yourself, and outline your reasons for wanting to attend KSA.

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DECLARATION

I confirm that the information I have provided in this application form is true and accurate, to the best of my knowledge. I enclose, with this application form, a completed medical questionnaire, a recent photograph of myself and the audition fee of £25.00, which, I understand, is non-refundable and does not guarantee my acceptance onto this course.

SIGNED: DATE:/...../.....

CHECKLIST

Please ensure you have enclosed all required items.

- Completed and signed Application Form
 - Completed and signed Medical Questionnaire
 - A recent photograph of yourself (a passport photo is acceptable)
 - Audition fee £25.00
- (Please make cheque payable to KSA Performing Arts)

MEDICAL QUESTIONNAIRE

PERSONAL DETAILS

NAME: DATE OF BIRTH:/...../.....
ADDRESS: TEL NO:
..... EMAIL:
..... WHICH COURSE ARE YOU APPLYING FOR?
ONE YEAR TWO YEAR

MEDICAL INFORMATION

Have you had any serious illness in the last 3 years; e.g: Glandular Fever?..... YES/NO
Have you ever had any broken or fractured bones?..... YES/NO
Have you had any condition requiring treatment by an Osteopath? YES/NO
Do you ever have any faints, fits or blackouts? YES/NO
Do you have any ear / eye conditions? YES/NO
Have you had any throat problems? YES/NO
Do you suffer from asthma? YES/NO
Do you suffer from migraine? YES/NO
Do you have any blood conditions; e.g: Diabetes, Anaemia?..... YES/NO
Have you had any major operations? YES/NO
Are you allergic to anything? YES/NO

If you have answered YES to any of the above questions, please provide as many details as possible on the back of this form. Please also provide further information if there are any other medical details we should be aware of.

DECLARATION

I confirm that the information I have provided in this Medical Questionnaire is true and accurate, to the best of my knowledge. I confirm that I am physically able to participate in an intensive and rigorous training course and I accept full responsibility for my own personal health and safety, both during the audition process and throughout my training.

SIGNED: DATE:/...../.....