

 APPLICATION FORM - L3 & L4

Please complete the form below and email to admissions@asatheatrearts.com, along with a headshot as a photo attachment.

**Please indicate whether you will be auditioning via a video submission, or whether you would like to attend a live in-person audition at our studios. Confirmation of your audition date and time will be arranged with you via email.**

**APPLICANT DETAILS:**

\*First Name(s) ………………………………………………………………………

\*Surname …………………………………………………………………………….

\*Address & Postcode ……………………………………………………………………………………………

………………………………………………………………………………………………………………………

\*Email Address ……………………………………………………………………………………………………

\*Phone Number ………………………………………………………………………

\*Date of Birth ………………………………………………………………………….

\*Gender Identity ………………………………………………………………………

**WHICH COURSE ARE YOU APPLYING FOR? (Please tick…)**

 Dance: BTEC Level 3

 Musical Theatre: BTEC Level 3

 Dance: Level 4 Diploma in Performance Arts (The Dang)

 Musical Theatre: Level 4 Diploma in Performance Arts (The Dang)

**WOULD YOU PREFER? (Please tick…)**

 Video Submission Audition

 Live In-Person Audition

**PARENT/GUARDIAN DETAILS (if under 18):**

\*Parent/Guardian Full Name …………………………………………………………………………………..

\*Parent/Guardian Phone Number ……………………………………………………………………………..

\*Parent/Guardian Email …………………………………………………………………………………………

\*Parent/Guardian Address & Postcode (if different to above) ………………………………………………

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\*Full name and address of most recent school/college ……………………………………………………..

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1. Please list all examinations passed or to be taken (GCSE/L2, AS, A-Level, BTEC/L3 etc) *(continue on a separate page if necessary)*:

2. Please tell us in full about your performing experience *(continue on a separate page if necessary)*:

3. Please tell us why you wish to study at ASA Theatre Arts *(continue on a separate page if necessary)*:

4. Please detail any SEN requirements for us to assist you at your audition *(continue on a separate page if necessary)*:

\*Please email a headshot (there is no requirement for this to be professional) to admissions@asatheatrearts.com along with this form.

\*Signature of Applicant …………………………………………. Date: ………………………………….

\*Signature of Parent (if under 18) …………………………………………. Date: ………………………



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EMAIL: info@asatheatrearts.com

**WWW.ASATHEATREARTS.COM**