

## **PERSONAL DETAILS FORM**

(Please fill in and return at *start* of first class)

Pupils Surname .....Forename .....

Middle Name(s) .....

Date of Birth ...../...../..... Age .....

Address .....

.....

.....

Postcode .....

Tel. No. .... Mobile .....

E mail .....

### **Emergency contact details:**

Name.....

Telephone.....

Mobile/Home no.....

Relationship.....

### Medical Information

(Please let us know if your child/you have any medical conditions)

.....

.....

.....

.....

.....

Signed ..... Pupil Date .....

Signed ..... Parent/Guardian

Parents name/Guardian.....

During the course of your training at we will be using audio equipment for radio work and video equipment for T.V. work. This is to develop the skills required in both these areas.

In order to do T.V. work and preparation for pupils attending auditions we need to seek your permission to video your child. If parents are concerned about this please speak to us and we will explain what is involved. Should you wish to be present at any of these sessions you are welcome or alternatively you may withdraw your child from these sessions.

.....

I give permission for my child to take part in T.V. work to camera

I do not give permission for my child to take part in T.V. work to camera

Childs name .....

Signed .....Parent/Guardian