

# Audition Workshop Registration Form

Thank you for registering your audition time **online** or **by phone**.  
You should now print all **4 pages** of this form, complete them in full,  
then bring them to your audition with you.

Staple/stick 1  
passport sized  
photo here, and  
bring another one  
with you

First Name								
Last Name								
Age on 1 Sep 2010		yrs		months	Date of Birth	dd / mm / yy		
You must be aged between 11 – 21 on this date					Male	<input type="checkbox"/>	Female	<input type="checkbox"/>

Address			
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		Post Code	
Phone no.		Mobile no.	
<b>Emergency contact no.</b>			
Email address			
School / College			

## Other information

Have you taken part in a YMT project in the past?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please write the name and year of the project below:
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Describe briefly why you want to be in a YMT project (for example, 'I want to improve my dance skills'):
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Describe briefly any relevant performing experience
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Do you play any musical instruments? If so, what grade?
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Please describe any conditions you have that may affect your involvement e.g. Asthma, dyslexia
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If you are cast on a project, you receive a free t-shirt. What is your t-shirt size?	XS / S / M / L / XL / XXL
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Signature of parent/carer if under 18	
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Print Name		Date	/ /
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### DATA PROTECTION ACT (1998)

The above information will be kept on the YMT database and used for future correspondence. Details will NOT be passed onto third parties. All of our work is photographed and filmed for our marketing material and archives. In line with the current legislation under the Data Protection Act (1998) and in keeping with our policy on Child Protection, we will only duplicate images of participants who have consented to their use. Photographers are CRB checked or from bonafide external agencies.

**Please sign to confirm that you consent for YMT to use your photograph and/or video image:**

Signed by those <b>18 or over</b>
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Signed by Parent/Carer for those <b>under 18</b>
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# Your Audition Record

Please complete your details in this box:

First Name	
Last Name	

- This sheet is used by the audition team to make notes during your workshop.
- **You do not need to complete the rest of this page, but please bring it to your audition.**
- Please remember to complete the information on page 3.

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FOR AUDITION PANEL USE ONLY:

**DRAMA:**

Improvisation	
Text	

**MOVEMENT:**

Technique	
Freeform	

**MUSIC:**

Vocal type and range \_\_\_\_\_

Quality	
Delivery	

<b>Total</b>	
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Project:

Cast:

Additional Notes:

# Equal Opportunities

Youth Music Theatre UK is committed to providing equality of opportunity, irrespective of race, colour, ethnic or national origins, gender, marital status, sexual orientation, age, disability, religious beliefs, political beliefs, economic status or class.

In order to help us ensure our policy is being carried out, it would help if you could complete the following details so that we can monitor applications.

**This form is not used by the audition panel, and is kept separate from your personal details. All information is kept confidentially and anonymously.**

<p><b>Which is your Local Education Authority?</b>  <i>If you're not sure what this is, please ask your parent/carer or teacher:</i></p>	<p><b>Which COUNTY do you live in? e.g. Cumbria</b></p>
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Ethnic Origin	
I would describe my ethnic origin as (please tick):	
White - British	<input type="checkbox"/>
White – Irish	<input type="checkbox"/>
White – Other	<input type="checkbox"/>
Black African Middle Eastern	<input type="checkbox"/>
Black Caribbean North African	<input type="checkbox"/>
Black British	<input type="checkbox"/>
Black Other (please specify)	<input type="checkbox"/>
Asian Bangladeshi	<input type="checkbox"/>
Asian Indian	<input type="checkbox"/>
Asian PakistaniChinese	<input type="checkbox"/>
Asian Other (please specify)	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Mixed race (please specify)	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

Age		
On 1 July 2009 I will be	<b>years</b> and	<b>months</b> old

Gender	
Are you:	<input type="checkbox"/> Male <input type="checkbox"/> Female

Nationality
What is your nationality? This is stated on your passport (e.g. Irish, British, Spanish)

Disability Status
The Disability Discrimination Act 1995 protects people who have an impairment; are disabled and/or have long-term health conditions. Do you think that you have a disability in accordance with the terms of the Disability Discrimination Act 1995? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give brief details of your disability:

If you live in Northern Ireland, please answer this additional question.
Do you consider yourself to be part of the <input type="checkbox"/> Catholic Community <input type="checkbox"/> Protestant Community <input type="checkbox"/> Neither

***Please turn over to complete the equal opportunities form***

<b>Type of School</b> My school is...	
State school	
State-maintained specialist music school/performing arts college etc.	
Independent school	
Independent music school (e.g. Chetham's, Purcell, Wells Cathedral)	
Home educated	

<b>Musical education</b> Aside from my normal music lessons, I also receive musical tuition...	
Privately	
Via Music Services	
At a centre for advanced training (CAT) <i>(e.g. Sage Gateshead Weekend School, Yorkshire Young Musicians, conservatoire, junior music departments)</i>	
At my school	