



## APPLICATION FORM

Name: ..... Age: .....

Address: ..... Telephone: .....

.....

Emergency tel: .....  
(During class time)

Postcode: .....

Email Address for future correspondence: .....

Date of birth: .....

Parent/ Guardian name: .....

**MEDICAL:** Please provide any details of any medical, behavioral or special needs of the applicant, including any allergies or medication details.

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This information will be held in the strictest of confidence and will ensure that appropriate arrangements are made to enable a young person to participate in classes without danger to their health and, in the event of an emergency to be provided to the emergency services.

### **PHOTO/VIDEO:**

Please tick if you give permission for the applicant to be included in photographs/ videos taken by Scottish Youth Theatre? These may be used for publicity and display purposes.

I have read, understood and accept Scottish Youth Theatre's booking terms and conditions. I give my permission for my son/ daughter/ young person in my care to attend Scottish Youth Theatre classes.

Signature of parent/ guardian .....Date.....

(If over 18, you should sign this yourself)

PTO

**EXPERIENCE:**

Please detail any experience relevant to The Lab

**PERSONAL STATEMENT:**

Please tell us in 50 words or less why you think The Lab is for you

**Places are limited and offered upon a successful audition workshop.**

The closing date for applications is **Monday 18<sup>th</sup> April**

The Lab audition workshop will be held on Thursday 21<sup>st</sup> April

Completed applications should be returned by email to [fraser@scottishyouththeatre.org](mailto:fraser@scottishyouththeatre.org)

or post to:

The Lab, Scottish Youth Theatre, The Old Sheriff Court, 105 Brunswick Street, Glasgow, G1 1TF