AN INTRODUCTION TO ACTING
2017 APPLICATION FORM

METHOD
ACTORS' TRAINING CENTRE
AKTEURS-OPLEIDING-SENTRUM

Venue: Classes take place at Brooklyn Theatre, Greenlyn Village Centre, Shop 21/Theatre, Corner of Thomas Edison and 13th Streets, Menlo Park

Class times: Saturdays from 10h00 to 13h00 * 30 classes of 3 hours each *

Course Dates: 11 February – 25 March: 6 sessions (18 March – long weekend, no class)
22 April –1 July: 10 sessions (29 April – long weekend, no class)
29 July – 30 September: 9 sessions (23 Sept. – long weekend, no class)
14 October – 11 November: 5 sessions

Cost: **R7,900-00**, non-returnable and payable upon registration

A – PERSONAL DETAILS			
SURNAME			
FIRST NAME/S			
ID NUMBER			❑ MALE ❑ FEMALE
RESIDENTIAL ADDRESS		POSTAL ADDRESS	
		CODE	
		E-MAIL ADDRESS:	
TELEPHONE	HOME:	CELL:	
	WORK:		
HOME LANGUAGE	❑ ENGLISH ❑ AFRIKAANS	OTHER:	
CONTACT NAME: (PARENT / SPOUSE/ FRIEND / ROOMMATE)			
CONTACT RESIDENTIAL ADDRESS		CONTACT POSTAL ADDRESS	
		CODE	
CONTACT TELEPHONE	HOME:	CELL:	
	WORK:		
B – QUALIFICATIONS			
HIGHEST QUALIFICATION ATTAINED:			
SPECIAL SKILLS / INTERESTS e.g. Music, Photography:			
C – COMMITMENTS			
May your responsibilities re: career / studies / relationships interfere with frequent workshop attendance? If "yes" explain on reverse side:			❑ YES ❑ NO
Are your parents and / or spouse / partner supportive regarding your commitment to this course? If "no" explain on reverse side:			❑ YES ❑ NO
D – HEALTH			
HEALTH PROBLEMS WE SHOULD KNOW ABOUT? EXPLAIN ON REVERSE SIDE PLEASE.			
EPILEPSY / HAEMOPHILIA		DIABETES / CANCER	
CHRONIC KIDNEY / URINARY PROBLEMS		ASTHMA / BRONCHITIS	
ALLERGIES		ALCOHOL / DRUG DEPENDENCE / ABUSE	
NECK / BACK PROBLEMS		PSYCHIATRIC / BEHAVIOUR PROBLEMS	
HIV / AIDS		OTHER (SPECIFY)	
ARE YOU AWARE OF ANY PHYSICAL HANDICAPS OR INJURIES THAT COULD LIMIT YOUR PARTICIPATION IN PHYSICALLY ACTIVE CLASSES?			❑ YES ❑ NO

It will be to your detriment to hide alcohol / drug dependence or conditions like bipolar or attention deficit disorder, depression or ANY dependence / psychiatric / psychological or behaviour problems.

I hereby declare the above information correct:

Signed at (City)_____ on the _____ day of _____, 20 _____

_____ _ _____

Applicant Parent/Guardian if applicant is under 18