

AN INTRODUCTION TO ACTING 2018 APPLICATION FORM



METHOD
ACTORS' TRAINING CENTRE
AKTEURS-OPLEIDING-SENTRUM

Venue: The Brooklyn Theatre is in the Greenlyn Village Centre, corner of Thomas Edison and 13th Streets, Menlo Park, Pretoria

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

Course Dates: 10 February – 31 March: 7 sessions (17 March – long weekend, no class)
14 April – 23 June: 9 sessions (28 April & 16 June – long weekends, no class)
21 July – 29 September: 10 sessions (22 - 24 Sept. – long weekend, no class)
13 October – 3 November: 4 sessions

Cost: R8,295-00, non-returnable and payable upon registration

| A – PERSONAL DETAILS | | | |
|--|----------------------------------|------------------------------------|---|
| SURNAME | | | |
| FIRST NAME/S | | | |
| ID NUMBER | | | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| RESIDENTIAL ADDRESS | | POSTAL ADDRESS | |
| | | | |
| | | CODE | |
| E-MAIL ADDRESS: | | | |
| TELEPHONE | HOME: | CELL: | |
| | WORK: | | |
| HOME LANGUAGE | <input type="checkbox"/> ENGLISH | <input type="checkbox"/> 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: <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| Are your parents and / or spouse / partner supportive regarding your commitment to this course? If "no" explain on reverse side: <input type="checkbox"/> YES <input type="checkbox"/> 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? | | | <input type="checkbox"/> YES <input type="checkbox"/> 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