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APPLICATION FORM

Data Protection: Personal data supplied by you will only be used for our purposes & will not be supplied to any other party.

Please complete the form in **BLOCK CAPITALS**.

Name of Child	
Child's Date of Birth	
Name(s) of Parents or Guardians	
Telephone	
Mobile Phone/ Emergency Contact	
Address	
Email Address	
Previous Acting Experience e.g. School Plays	
Please list any special requirements, or medical/behavioural conditions that we should be aware of.	