

APPLICATION FEE PAYMENT:

Name on Credit/Laser Card: _____

Card Type: _____

Card Number:

Expiry Date (MM/YY): / CCV Number (Credit cards only):

Do not send cash in the post. We accept credit/Laser cards, cheques, bank drafts or postal orders made payable to the Gaiety School of Acting. Bank transfers can also be arranged. Please contact the school to arrange this.

IMPORTANT INFORMATION - PLEASE READ CAREFULLY

Have you included all elements of your application form?

Passport Photograph: ☐ €50 application fee: ☐ Letter: ☐

Signed: _____

Return to: The Gaiety School of Acting, Essex Street West, Temple Bar, Dublin 8
Your application will not be processed until such time as all elements of this form are completed and all supplementary material returned to us.

COURSE FEES

Course fees can be made by interest free direct debit throughout the year and are non-refundable. See gaietyschool.com/about_us/policies/ for our refund policy and direct debit agreement.

QUESTIONS?

Phone: +353 (0)1 679 9277 Email: info@gaietyschool.com

Web: http://gaietyschool.com/courses/part_time/

Essex Street West, Temple Bar, Dublin 8, Ireland

Email: info@gaietyschool.com

Phone: +353-1-679 9277

gaietyschool.com



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twitter.com/gaietyschool



THE GAIETY
SCHOOL OF
ACTING

THE NATIONAL THEATRE
SCHOOL OF IRELAND at



ONE YEAR
PART TIME COURSES

Please complete this form in BLOCK CAPITALS

PERSONAL DETAILS

Name: _____

Address: _____

Phone: *(Please ensure you have a voicemail service set up to enable us to contact you)*

Email address: _____

Date of birth: *(dd/mm/yyyy)*: _____

Where did you hear about this programme: _____

I would like to apply for *(please tick)*:

Performance ☐ Advanced Performance ☐ Performance Company ☐

EDUCATION/QUALIFICATIONS TO DATE:

Please detail your education to date in chronological order listing the most recent qualifications first. Please continue on a separate page if needed.

Institution	Qualification gained	Year
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ACTING EXPERIENCE/TRAINING

Please attach to this application form a letter detailing your previous drama experience/ training and the reasons for wishing to take the course. Please also attach your acting CV if you wish. Please ***do not*** attach headshots.

MEDICAL HISTORY (if any):

STUDENTS WITH DISABILITIES:

Please tell us of any disabilities you have and how we can try to accommodate these at audition.

HAVE YOU EVER APPLIED TO THE GSA BEFORE?

Yes ☐ No ☐

If so, what stage did you reach:

Accepted ☐ Recalled ☐ Audition ☐

PHOTOGRAPH:

Please securely attach a recent, accurate, ***passport photograph*** signed on the back to the top of this form on the first page. Please ***do not attach headshots.***

From time to time we may send you information on things that might interest you.

Please tick this box if you do not want to receive any correspondence from us ☐

