### APPLICATION FEE PAYMENT:

Name on Credit/Laser Card: \_\_\_\_\_

Card Type: \_\_\_\_\_

Card Number: :

Expiry Date (*MM/YY*): C 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/

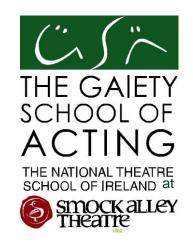
> Essex Street West, Temple Bar, Dublin 8, Ireland Email: info@gaietyschool.com

> > Phone: +353-1-679 9277

# gaietyschool.com







# ONE YEAR PART TIME COURSES

| Please complete this form in BLOCK CAPITALS   |   |
|---|---|
| PERSONAL DETAILS  | ACTING EXPERIENCE/TRAINING  |
| Name:   | Please attach to this application form a letter detailing your previous drama   |
| Address:  | experience/ training and the reasons for wishing to take the course. Please also attach your acting CV if you wish. Please <i>do not</i> attach headshots.                  |
|   | MEDICAL HISTORY (if any):   |
| Phone: (Please ensure you have a voicemail service set up to enable us to contact you)  |   |
| Email address:  | STUDENTS WITH DISABILITIES:<br>Please tell us of any disabilities you have and how we can try to accommodate<br>these at audition.  |
| Date of birth: ( <i>dd/mm/yyyy</i> ):   |   |
| Where did you hear about this programme:  |   |
|   | HAVE YOU EVER APPLIED TO THE GSA BEFORE?  |
| I would like to apply for (please tick):  | Yes No  |
| Performance Advanced Performance Performance Company  | If so, what stage did you reach:<br>Accepted Recalled Audition  |
| 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. | PHOTOGRAPH:   |
| Institution Qualification gained Year   | Please securely attach a recent, accurate, <i>passport photograph</i> signed on the back to the top of this form on the first page. Please <i>do not attach headshots</i> . |
|   |   |
|   | 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              |
|   |   |