

Royal Scottish Academy of Music and Drama

100 Renfrew Street, Glasgow G2 3DB
Tel: 0141-332 4101

Date Received _____

PLEASE
STAPLE YOUR
PASSPORT
PHOTOGRAPH
IN THIS SPACE

Application for School of Drama – Postgraduate

Please read the accompanying Guide for Applicants before completing this form.

Please use BLOCK CAPITALS

| 1 TITLE/NAME/ADDRESS | | 2 FURTHER DETAILS | |
|---|--|---|--|
| Surname/ Family name | | Your age on 30 September in year of entry: | |
| First/given name(s) | | Years <input style="width: 30px;" type="text"/> Months <input style="width: 30px;" type="text"/> Male (M)/Female (F) <input type="checkbox"/> | |
| Correspondence address | | Date of birth (DD MM YY) <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> | |
| Postcode (UK only) <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> | | Disability/special needs/ medical condition <input type="checkbox"/> | |
| Main Contact Number (including STD/ area code) Tel: _____ Fax: _____ | | Student Registration Number for vocational qualifications or Scottish Candidate Number (only applicable for UK Students) <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> | |
| e-mail: _____ | | Likely source of finance _____ | |
| Home address (if different) | | If born outside the UK, date of first entry to live in the UK (DD MM YY) <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Residential Category <input type="checkbox"/> | |
| Postcode (UK only) <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> | | Country of permanent residence _____ | |
| Home contact number (if different) (including STD/area code) Tel: _____ Fax: _____ | | Country of birth _____ | |
| e-mail: _____ | | Nationality _____ | |
| Previous surname/ Family name | | | |

3 Programme applied for

- | | |
|--|---|
| MA Arts in Social Contexts <input type="checkbox"/> | MA Musical Theatre (Performance) <input type="checkbox"/> |
| field of study: | MA Musical Theatre (Musical Directing) <input type="checkbox"/> |
| Arts in Education <input type="checkbox"/> | MA Classical and Contemporary Text (Acting) <input type="checkbox"/> |
| Theatre for Youth <input type="checkbox"/> | MA Classical and Contemporary Text (Directing) <input type="checkbox"/> |
| Arts in Criminal Justice Settings <input type="checkbox"/> | |

4 Have you made any previous applications for admission to a full-time programme at the Academy?

No Yes Which Year? _____ Which Programme? _____

5 Give details of any special needs, arising from a disability, medical condition or specific learning disability, stated in section 2, that might necessitate special arrangements or facilities.

6 Please provide a personal statement. This statement could express your interest on the programme or provide an insight into your involvement in the Arts. Please continue on separate sheet if needed.

7 List other programmes and other Institutions of Further or Higher Education to which you are applying.

| Institution | Programme applied for |
|-------------|-----------------------|
| | |

8 Detail in chronological order the secondary schools, colleges and further or higher education institutions you have attended.

| Name | Address | From | | To | |
|------|---------|------|------|-----|------|
| | | Mth | Year | Mth | Year |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

9 Details of Paid Employment to Date:

| Name and Address of Employer | Nature of Work | From | | To | |
|------------------------------|----------------|------|------|-----|------|
| | | Mth | Year | Mth | Year |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

14 Give brief details of personal or other particulars in support of this application, e.g. interests and activities in the arts, sports, games, voluntary work, membership of societies etc.

15 State where or from whom you first heard of the programme, e.g. careers service, teacher (state whether at school or privately), press advertisements (state title of publication) or other source (give details).

16 Overseas applicants do you wish to attend your audition in person? Yes No
If no, please submit DVD recording with your application.

17 Criminal convictions: Do you have any criminal convictions? Yes No

18. Method of payment: Cheque Cash Bank Transfer*

*Bank Transfers must be received 10 days after application submitted or your application will not be processed.

DECLARATION

I confirm that all the particulars supplied by me on this form are correct and that I shall inform the RSAMD immediately if I decide not to proceed with my application at any time. I enclose the registration fee and understand that my application cannot be processed without it.

Signature of applicant _____ Date _____

Please note that data collected from the application form will be stored on computer and will be used in compliance with the Data Protection Act.

APPLICATION CHECKLIST:

- Photograph Attached
- Reference Enclosed (can be submitted at a later date)
- Application Fee attached/paid
- Declaration signed and dated

Confidential statement by referee

- Please give, in confidence, your opinion as to the candidate's general character and suitability for the programme/s for which he/she has applied.
- Please indicate how long and in what capacity you have known the candidate.
- Please then forward this form together with the photograph and registration fee without delay to
- **Academic Administration & Support, 100 Renfrew St., Glasgow G2 3DB**

Name of Candidate _____

Should you require further space, please attach an additional sheet.

Signature of referee _____ Date _____

Please use block capitals

Name _____ Post Held _____

University/College (if applicable) _____

Address _____

Postcode _____ Tel. No. _____