

Royal Scottish Academy of Music *and* Drama

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

PLEASE
STAPLE YOUR
PASSPORT
PHOTOGRAPH
IN THIS SPACE

Application for School of Drama – Undergraduate

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

Please use BLOCK CAPITALS

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

3 Programme applied for (if applying for more than one, indicate order of preference)

- | | |
|---|---|
| BA Acting <input type="checkbox"/> | BA Contemporary Performance Practice (Honours) <input type="checkbox"/> |
| BA Digital Film and Television <input type="checkbox"/> | BA Musical Theatre <input type="checkbox"/> |
| BA Technical and Production Arts <input type="checkbox"/> | BA Modern Ballet <input type="checkbox"/> |
| Specialism: Design <input type="checkbox"/> | Technology and Management <input type="checkbox"/> |
| | Applied Arts and Construction <input type="checkbox"/> |

4 Have you made any previous applications for admission to a full-time course 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 in the programme or provide an insight into your involvement with the arts.

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

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

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 _____

School/College (if applicable) _____

Address _____

Postcode _____ Tel. No. _____

15 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.

16 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).

17 Overseas applicants do you wish to attend your audition in person? Yes No

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

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.

FOR OFFICE USE ONLY

Date Received _____	Photograph Attached <input type="checkbox"/>
Receipt No. _____	Reference Received <input type="checkbox"/>
Audition Date _____	Folio Received <input type="checkbox"/>

On completion please pass the form and the registration fee to your Referee. Please remember to complete and include the equal opportunities questionnaire.

Equal Opportunities and Monitoring Questionnaire

To help the Academy ensure that its Equal Opportunities Policy is being carried out, please provide the following information.

Details concerning ethnicity will be kept in strictest confidence, separate from your application form and will be used for equal opportunities monitoring purposes only.

Name of last secondary school:			
Leaving date:		Home Postcode:	

Ethnicity (Please tick):

- | | | | |
|--------------------------------------|--------------------------|--|--------------------------|
| White British | <input type="checkbox"/> | Black or Black British – Caribbean | <input type="checkbox"/> |
| White Irish | <input type="checkbox"/> | Black or Black British – African | <input type="checkbox"/> |
| White Scottish | <input type="checkbox"/> | Other Black Background | <input type="checkbox"/> |
| Other White Background | <input type="checkbox"/> | Mixed – White & Black Caribbean | <input type="checkbox"/> |
| Asian or Asian British – Indian | <input type="checkbox"/> | Mixed – White & Black African | <input type="checkbox"/> |
| Asian or Asian British – Pakistani | <input type="checkbox"/> | Mixed – White & Asian | <input type="checkbox"/> |
| Asian or Asian British – Bangladeshi | <input type="checkbox"/> | Other Mixed Background | <input type="checkbox"/> |
| Chinese | <input type="checkbox"/> | Other Ethnic Background | <input type="checkbox"/> |
| Other Asian Background | <input type="checkbox"/> | I do not wish to disclose this information | <input type="checkbox"/> |

Thank you for taking the time to complete this form – please ensure you return this with your UG or PG Drama Application Form