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| --- | --- | --- |
| **Audition City** |  |  |
| **Audition Date** |  |  |
| **Session Time** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Young Person Name** |  | **DOB** |  |
| **Email Address (used for future correspondence)** |  | **Gender** | Male 🞎Female 🞎Other 🞎 |
| **Home Phone** |  | **Mobile** |  |
| **Home Address** |  | **Postcode** |  |
| **Country** |  |
| **Ethnicity** | White British 🞎 White Other 🞎 Mixed Race 🞎 BAME 🞎 |
| **Height in CM** |  |  |  |
|  |  |  |  |
| **Emergency Contact Name**  |  | **Relation to Young Person** |  |
| **Emergency Contact Email** |  |
| **EmergencyContact Number** |  |

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| **Name of School, College or University** |  |
| **School Type** | State 🞎 Academy 🞎 Independent 🞎 Other 🞎 |
| **Name of Head of Music**  |  |
| **Name of Head of Drama**  |  |
| **Are you eligible for free school meal/pupil premium?** | YES 🞎 NO 🞎 |

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| **Do you have any potential barriers that we need to be aware of e.g. dyslexia, asthma** |
|  |
| **Do you have any disabilities e.g. wheelchair user, diabetes** |
|  |
| **Have you had any injuries in the last 12 months, or any long standing injuries or physical conditions?** |
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| **How did you find out about BYMT’s auditions:** (tick all that apply) |
| 🞎 Previous Participant🞎 Advert in Newspaper/Magazine🞎 Facebook🞎 Twitter🞎 School Music Teacher | 🞎 School Drama Teacher🞎 Private Tutor🞎 Search Engine (Google etc.)🞎 Word of Mouth🞎 Other | **Please give any additional details:** |

|  |
| --- |
| **If you found out about us through a teacher, please provide us with your teacher’s name, job title?** |
|  |
| **If you’ve taken part in any projects with British Youth Music Theatre, please list below.** |
|  |

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| **Briefly describe any relevant performing experience** |
|  |
| **Do you play any musical instruments? What grade?** |
|  |
| **Do you have any special skills e.g. juggling, martial arts? Please give detail and skill level** |
|  |
| **Do you confidently speak any language other than English?** |
|  |
| **Please list any period during the summer (July and August) that you could NOT attend a BYMT production** |
|  |

**CARD PAYMENT DETAILS**

|  |  |
| --- | --- |
| **Name on card** |  |
| **Card number** |  |
| **Expiry date** |  |  |  |  |
| **Security Code** |  |  |  |
| **Issue no.** (Maestro) |  |
| **Address the card is registered to** |  |  |
|  |
| **Postcode** |  |  |

**Cheques made payable to: British Youth Music Theatre**

* Please arrive 10-15 minutes before your audition session is due to begin.
* The audition will take the form of a three-hour group workshop.
* Please wear loose, comfortable clothing (NOT JEANS), trainers or jazz shoes and bring a bottle of water.
* **Please email a recent photo that is a good likeness of the young person to** **mail@bymt.org****.** This will be used for identification purposes during the audition and at casting
* The £45 Audition Fee is NOT REFUNDABLE if you do not turn up for your audition. But if your plans change, please call us and we can move you into another audition session if there is space.
* **Please return this form to: British Youth Music Theatre, Mountview, 120 Peckham Hill Street, London, SE15 5JT**