|  |
| --- |
| 1. PERSONAL DETAILS
 |
| Surname:  |  | First Name: |  | Middle Name: |  |
| Nationality: |  | Gender: | Male [ ]  Female [ ]  |
| Date of Birth: |  | Right to work in Cyprus:  | YES [ ]  NO [ ]  |
| 1. CONTACT DETAILS
 |
| Address: |  | City: |  | Post Code: |  |
| E-mail: |  | Preferred contact method: | Phone [ ]  E-mail [ ]  |
| Mobile: |  | Home Telephone: |  |
| 1. SKILLS
 |
| English fluency: | Basic [ ]  Average [ ]  Good [ ]  Fluent [ ]   | Any other language(s): |  |
| Acting Training: | Professional Training [ ]  Amateur Dramatics [ ]  No Training [ ]   |
| 1. AVAILABILITY
 |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| MON | TUE | WED | THU | FRI |
| [ ]  09:00 – 12:00  | [ ]  09:00 – 12:00  | [ ]  09:00 – 12:00  | [ ]  09:00 – 12:00  | [ ]  09:00 – 12:00  |
| [ ]  12:00 – 15:00  | [ ]  12:00 – 15:00  | [ ]  12:00 – 15:00  | [ ]  12:00 – 15:00  | [ ]  12:00 – 15:00  |
| [ ]  15:00 – 20:00  | [ ]  15:00 – 20:00  | [ ]  15:00 – 20:00  | [ ]  15:00 – 20:00  | [ ]  15:00 – 20:00  |

 |
| Available Start Date: |  |
| 1. OTHER
 |
| Would you be willing to be physically examined by our students:  | YES [ ]  NO [ ]  |
| Could you please indicate whether you have any scars, missing finger, etc. as this is important when choosing the appropriate SP for a particular Scenario: |  |
| 1. I confirm that the information given in this form is true, complete and accurate.
 |
| Date: |  | Signature: |  |