 YOUNG ACTORS STUDIO

**THEATRE WORKSHOP APPLICATION FORM**

**Your Details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full Name | |  | | | | |
| Date of birth | |  | | Gender |  | |
| Address | |  | | | | |
| Postcode |  | | Home telephone number | | |  |
| Student email address |  | | | | | |
| Full names of Parents/Carers |  | | | | | |
| Parent/Carers email address |  | | | | | |
| Emergency contact numbers |  | | | | | |

**Interests and experience**

|  |  |
| --- | --- |
| Current School/College/Other |  |
| Hobbies, Interests and other relevant experience\* |  |

\*Please note that qualifications/experience are not prerequisites for entry to YAS

**I would like to apply for: (please tick as appropriate)**

|  |
| --- |
| **Junior Theatre Workshop (age 7-10) Cardiff** |
| **Theatre Workshop (age 11 – 18) Cardiff**  **Theatre Workshop (age 11 – 18) Pembrokeshire** |

|  |  |
| --- | --- |
| Where did you hear about Young Actors Studio? |  |

The College takes the protection of all personal information seriously and is fully committed to the protection of the rights and freedoms of all individuals. We will process your data according to our privacy statement.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed by parent/carer if under 18 |  | Date |  |

Please return this completed application form to [yas@rwcmd.ac.uk](mailto:yas@rwcmd.ac.uk)

Alternatively post to: RWCMD, Castle Grounds, Cathays Park, Cardiff, CF10 3ER

 STIWDIO ACTORION IFANC

**FFURFLEN GAIS GWEITHDY THEATR**

**Eich Manylion**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Enw Llawn | |  | | | | |
| Dyddiad Geni | |  | | Rhyw | |  |
| Cyfeiriad | |  | | | | |
| Côd post |  | | Rhif ffôn gartref | |  | |
| Cyfeiriad e-bost myfyriwr |  | | | | | |
| Enwau llawn Rhieni/Gofalwyr |  | | | | | |
| Cyfeiriad e-bost rhiant/gofalwr |  | | | | | |
| Rhifau ffôn argyfwng |  | | | | | |

**Diddordebau a phrofiad**

|  |  |
| --- | --- |
| Ysgol/Coleg/Arall |  |
| Diddordebau a phrofiad perthnasol arall\* |  |

\* Nodwch os gwelwch yn dda nad oes angen profiad na chymwysterau ffurfiol ar gyfer mynediad i YAS

**Hoffwn geisio am: (ticiwch fel yn berthnasol)**

|  |
| --- |
| **Gweithdy Theatr Iau (7 – 10 oed) Caerdydd** |
| **Gweithdy Theatr (11 – 18 oed) Caerdydd**  Yn **Saesneg** neu yn **Gymraeg** (Rhowch gylch)?  **Gweithdy Theatr (11 – 18 oed) Sir Benfro** |

|  |  |
| --- | --- |
| Ble clywsoch chi am y Stiwdio Actorion Ifanc? |  |

Mae'r Coleg yn cymryd o ddifrif diogelu holl wybodaeth bersonol ac yn gwbl ymrwymedig i amddiffyn hawliau a rhyddid pob unigolyn. Byddwn yn prosesu eich data yn unol â’n datganiad preifatrwydd.

|  |  |  |  |
| --- | --- | --- | --- |
| Arwyddwyd gan rhiant/gofalwr os dan 18 |  | Dyddiad |  |

Dychwelwch y ffurflen gais wedi’i chwblhau i [yas@rwcmd.ac.uk](mailto:yas@rwcmd.ac.uk)

Neu postiwch i: RWCMD, Castle Grounds, Cathays Park, Cardiff, CF10 3ER