



APPLICATION FORM

To apply to enrol at Dave Lynn's Cabaret Academy, please complete this form and send to Dave Lynn's Cabaret Academy at the address at the foot of this form along with any photographs and supporting documents for your application.

PERSONAL DETAILS

Please complete in block capitals in black ink.

Full Name:

Sex:

tick as appropriate

Male [] Female []

Date of Birth:

applicants must be over the age of 18

Address:

Contact Telephone Number:

evening or mobile number

Email Address:

an email address you regularly check

Name of Act:

if you have one

Type of Act:

e.g. singer, drag, comedian, magician etc

Have you ever performed on Stage:

tick as appropriate

Yes [] No []

Accessibility Requirements:

we would be grateful if you could let us know any accessibility requirements in advance.

ABOUT YOU

Tell us a bit about yourself. This could be what you do for a living at present, your hobbies and background. You may continue on a separate sheet if required.

REASON FOR JOINING THE ACADEMY

Please tell us why you wish to join the Academy – what you hope to achieve and improve upon. You may continue on a separate sheet if necessary.

WHAT HAPPENS NEXT

Please send your completed form with a recent photograph and any supporting documents to Tamzin, Dave Lynn's Cabaret Academy, c/o Refire, Suite 1, 48 Albany Villas, Hove, East Sussex BN3 2RW. Shortlisted applicants will be contacted mid-September with further instructions.