

SMILE & DRAMA DAYS - JOB POSITION: PLEASE FILL IN THIS FORM IN CLEAR CAPITAL LETTERS

FULL NAME (Name on Passport)	
EQUITY NAME	
ADDRESS	
NATIONALITY 1 :	PASSPORT: Yes No
NATIONALITY 2 yes no (if yes, please specify) :	PASSPORT: Yes No
EMAIL :@	
CONTACT NUMBER +	
DATE OF BIRTH /	
AGENT NAME (if applicable)	
Contact number 00/ email	
2020 CAMP DATES: weeks from JUNE 8/15/22/29, JULY 6; AUG	SUST 24/31, SEPTEMBER 7
Do you have any qualifications in acting (i.e University, Drama Scho	ool etc.)? Yes No
Please state where you trained/studied, and the duration of the coul	'se:
If yes, please specify where and the duration of the contract: (Please sompany/organisation you have worked with.) Why are you interested in the job role?	
As Part of the job role you will be required to mark the children's wo would be comfortable with?	rk booklets, is this something you
Can you give an example of a time you have worked with children? (shildren whose first language is not English, with examples of your work.)	Please include any experience working with

What have you learnt from your work with children and how could you apply that knowledge in this job role iif you were successful?
If chosen as one of our tutors, you will be required to teach a small class on your own. Do you have any experience leading a class independently?
Are you applying with a friend, if so who?
Do you have any medical conditions or allergies Smile should be aware of (i.e nut allergy, diabetic, celiac etc.) (*)?
Please detaill and state any dietary requirements, (i.e. vegetarian, vegan, pescatarian etc). (*):
(*)The candidate declares that the information provided above is factual, and will make the company aware of any medical or dietary changes prior to the beginning of the contract. During the audition, the company may take photos/videos to be used for promotional purposes. By signing this contract, you are agreeing for these images to be used for promotional purposes.
Signature

smile coop. soc.