



[Please fill this form in BLOCK CAPITALS]

NAME:

TELEPHONE:

[HOME] /

[MOBILE]

HOME ADDRESS:

POST CODE:

EMAIL ADDRESS:

NATIONAL INSURANCE NUMBER:

EQUITY / SPOTLIGHT NUMBER (if applicable):

**CITIZENSHIP (please list the following)**

NATIONALITY:

ETHNICITY:

PROFESSION:

**STATISTICS (please list the following)**

**WOMEN:**

**MEN:**

HEIGHT:

HEIGHT:

HAIR COLOUR:

HAIR COLOUR:

COLLAR:

CHEST/BUST:

CHEST:

WAIST:

WAIST:

INSIDE LEG:

HIPS:

DRESS SIZE:

SHOE SIZE:

SHOE SIZE:

EYE COLOUR:

EYE COLOUR:

DO YOU WEAR GLASSES / CONTACTS?: YES / NO

DO YOU HAVE ANY TATTOOS OR PIERCINGS?: YES / NO



[Please fill this form in BLOCK CAPITALS]

NAME:

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DATE OF BIRTH:

AGE:

WEIGHT:

ARE YOU A DRIVER? (please circle): YES / NO

HOW FAR ARE YOU WILLING TO TRAVEL?:

**WHAT IS YOUR....**

ACTING EXPERIENCE?:

MODELING EXPERIENCE?:

VOICEOVER / PRESENTER EXPERIENCE?:



[Please fill this form in BLOCK CAPITALS]

NAME:

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**WHAT IS YOUR....**

PERFORMING SKILLS?:

FITNESS LEVEL?:

DO YOU SPEAK ANY LANGUAGES?:

WHAT ACCENTS / DIALECTS (if any)?:

**WHEN ARE YOU AVAILABLE TO WORK? (Please state the following):**

DAYS (please circle): Mon / Tues / Wed / Thurs / Fri / Sat / Sun

NIGHTS (please circle): YES / NO

**ADDITIONAL INFORMATION** (anything else you want to tell us?):



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NAME:

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DO YOU HAVE ANY CRIMINAL CONVICTIONS?

YES / NO

(If YES please give details below)

**YOUR PAYMENT DETAILS:**

BANK AC NAME:

BANK SORT CODE:

BANK ACC. NUMBER:

**PLEASE NOTE:** Artistes working through Room 3 are responsible for declaring their own Tax and National Insurance.

**ARTIST AGREEMENTS:**

Once you have joined Room 3 Agency you agree to our agency rules and have read and fully understood our Code of Conduct and Terms and Conditions.

Failure to comply with these rules can lead to your position within the agency being withdrawn.

Room 3 has the right to book or not book artists at their own discretion.

By signing this form you are confirming that all the information provided is accurate and true.

**PRINT NAME:**

**DATE:**

**SIGNATURE:**