



ARTIST REGISTRATION FORM

ABOUT YOU - PLEASE ENSURE YOU COMPLETE THIS SECTION IN FULL

FIRST NAME	
SURNAME	
DATE OF BIRTH	
NATIONAL INSURANCE NUMBER	
NATIONALITY	
DO YOU HAVE THE RIGHT TO WORK IN THE UK?	PLEASE TICK: YES NO
DO YOU HAVE A SHARE CODE? IF YES, PLEASE ADD CODE HERE:	PLEASE TICK: YES NO
ADDRESS	
CITY	
COUNTY/ REGION	
POSTCODE	
EMAIL	
MOBILE TEL NUMBER	
DO YOU DRIVE?	PLEASE TICK: YES NO
GENDER	
ETHNICITY	
HAIR COLOUR	
EYE COLOUR	



FEMALE/ NON-BINARY:

HEIGHT	
BUST & CUP	
WAIST	
HIP	
DRESS SIZE	
SHOE SIZE	

MALE/ NON-BINARY:

HEIGHT	
COLLAR	
CHEST	
WAIST	
INSIDE LEG	
SHOE SIZE	

AREAS OF AVAILABILITY:

LONDON	NORTH EAST
NORTH WEST	EAST MIDLANDS
WEST MIDLANDS	SOUTH EAST
EAST OF ENGLAND	SOUTH WEST
YORKSHIRE	



AREAS OF WORK INTERESTED -

ACTOR:

THEATRE	FILM
TV	VOICE
COMMERCIAL	OTHER (<i>PLEASE STATE</i>)

MODEL:

FASHION	RUNWAY	COMMERCIAL
PETITE	PLUS SIZE	SWIMWEAR
LINGERIE	GLAMOUR	FITNESS
FITTING	BODY PARTS	PROMOTIONAL
MATURE	ARTISTIC NUDE	OTHER (<i>PLEASE STATE</i>)

SUPPORTING ARTISTE:

WALK-ON	BACKGROUND
LOOKALIKE DOUBLE/ STAND-IN	SKILLED - DRIVING/ SPORTS/ DANCING/ SWIMMING/ FIREARMS

CRIMINAL CONVICTIONS / DBS (**PLEASE ENSURE YOU ANSWER ALL QUESTIONS WITHIN THIS SECTION**)

DO YOU HAVE ANY UNSPENT CRIMINAL CONVICTIONS, BIND-OVERS, CAUTIONS, WARNINGS OR REPRIMANDS?	PLEASE TICK: YES NO
IF YES, PLEASE PROVIDE DETAILS: (IF YOU NEED MORE SPACE PLEASE USE THE SUPPORTING INFORMATION SECTION)	

<p>HAVE YOU AT ANY TIME RECEIVED OR HAD PENDING A CRIMINAL CONVICTION, CAUTION, WARNING, REPRIMAND OR BIND-OVER?</p>	<p>PLEASE TICK: YES NO</p>
<p>IF YES, PLEASE PROVIDE DETAILS: (IF YOU NEED MORE SPACE PLEASE USE THE SUPPORTING INFORMATION SECTION)</p>	
<p>DO YOU HAVE A DBS CERTIFICATE DATED WITHIN THE LAST 18 MONTHS?</p>	<p>PLEASE TICK: YES NO</p>
<p>IF YES, PLEASE STATE THE TYPE, CERTIFICATE REFERENCE NUMBER AND START DATE:</p>	<p>PLEASE TICK: BASIC ENHANCED</p> <p>DBS CERTIFICATE NUMBER: START DATE:</p>
<p>IF NO, WOULD YOU BE WILLING TO OBTAIN A BASIC DBS CERTIFICATE</p>	<p>PLEASE TICK: YES NO</p>

SUPPORTING INFORMATION

<p>PLEASE USE THIS AREA FOR ANY SUPPORTING INFORMATION:</p>	
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ACCOUNT DETAILS FOR BACS PAYMENTS

NAME ON ACCOUNT	
BANK	
SORT CODE	
ACCOUNT NUMBER	

SIGNED _____

PRINT _____

DATE _____