



Application & Medical Form

First Name	
Last Name	
Pronouns	
Gender	
Email	
Phone	
Permanent Address	
Nationality	
Ethnic Origin	
Age Now	
Age at Commencement of the course	
Height	
Approximate Weight	
Course Applying For	
Subject Major	
Vocational Training	

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GCSE Results

A Level Results (If applicable)

BTEC Qualifications (If Applicable)

List any Performing Experience

Please describe a full record of any Broken bones, joints or spinal injuries with dates and records of treatment

Have you had any serious diseases, blood disorders or heart conditions EG Polio, glandular fever, diabetes?

Do you have any allergies, hay fever or skin conditions?

Do you have any Ear/Eye Concerns?

Please describe any serious operations that have you had

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Do you suffer from migraines?	
Do you have any disabilities EG Dyslexia?	
Do you have any history of Mental Illness?	
Have you been under CAMS during education at any time? If so, can you please provide details?	
What is your Drs Name & Address?	
Do you have any criminal convictions?	
Any further information you feel beneficial disclosing to EPA at this time.	
Parent/Guardian/Emergency Contact: Name	
Parent/Guardian/Emergency Contact: Relationship	
Parent/Guardian/Emergency Contact: Number	
Parent/Guardian/Emergency Contact: Email Address	