

| 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 |  |
| 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 |  |
| 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 |  |