

| 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  |  |