



CHILD TALENT APPLICATION FORM

ABOUT YOU & YOUR CHILD - PLEASE ENSURE YOU COMPLETE THIS SECTION IN FULL

FIRST NAME OF CHILD	
SURNAME OF CHILD	
DATE OF BIRTH OF CHILD	
NATIONAL INSURANCE NUMBER OF CHILD <i>(ONCE CHILD OBTAINS ONE)</i>	
NATIONALITY OF CHILD	
ADDRESS OF CHILD	
CITY OF CHILD	
COUNTY/ REGION OF CHILD	
POSTCODE OF CHILD	
LOCAL AUTHORITY OF CHILD <i>(AUTHORITY THAT COUNCIL TAX PAYABLE TO WHICH CHILD'S ADDRESS CORRESPONDS TO)</i>	
NAME OF SCHOOL & ADDRESS OF CHILD <i>(IF APPLICABLE)</i>	



CHILD'S APPEARANCE:	
GENDER OF CHILD	
ETHNICITY OF CHILD	
HAIR COLOUR OF CHILD	
EYE COLOUR OF CHILD	
PARENT/ GUARDIAN REQUIRED INFORMATION:	
PARENT/ GUARDIAN FULL NAME	
PARENT/ GUARDIAN FULL ADDRESS INCL. POSTCODE <i>(IF DIFFERS FROM CHILDS HOME ADDRESS)</i>	
PARENT/ GUARDIAN EMAIL - PLEASE WRITE EMAIL CLEARLY	
PARENT/ GUARDIAN MOBILE NUMBER	
PREFERRED METHOD OF CONTACT	PLEASE CIRCLE/ TICK: TEXT EMAIL



CHILD'S STATS

FEMALE/ NON BINARY

HEIGHT	
CHILDREN AGED BELOW 16	
CLOTHING SIZE (EG: 6-12 months, 2-3, 5-6, 12-13)	
SHOE SIZE	
TEENS AGED 16 +	
BRA SIZE (IF APPLICABLE)	
WAIST	
HIP	
DRESS SIZE	
SHOE SIZE	

MALE/ NON BINARY

HEIGHT	
CHILDREN AGED BELOW 16	
CLOTHING SIZE (EG: 6-12 months, 2-3, 5-6, 12-13)	
SHOE SIZE	
TEENS AGED 16 +	
COLLAR	
CHEST	
WAIST	
INSIDE LEG	
SHOE SIZE	



REPRESENTATION SUB DIVISIONS - TICK ALL THAT APPLY *PLEASE NOTE: WILKINS CASTING AGENCY WILL MAKE THE DECISION ON WHICH SUB DIVISION YOU ARE ACCEPTED UNDER

INFLUENCER/ YOUTUBE:

BEAUTY	FASHION
GAMING	FOOD
HEALTH	OTHER (<i>PLEASE STATE</i>)

MODEL:

FASHION	RUNWAY	COMMERCIAL
FITTING	SPORTS	PROMOTIONAL
PRODUCT	EDITORIAL	OTHER (<i>PLEASE STATE</i>)

SA/ EXTRA:

WALK-ON	BACKGROUND
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ACTING:

LEAD ACTOR/ ACTRESS	SUPPORTING ACTOR/ ACTRESS
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DANCER:

TAP	BALLET
STREET	JAZZ
ALTERNATIVE	OTHER (<i>PLEASE STATE</i>)



PARENT/ GUARDIANS CRIMINAL CONVICTIONS / DBS / CHAPERONE STATUS (PLEASE ENSURE YOU ANSWER ALL QUESTIONS WITHIN THIS SECTION)

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



IF NO, WOULD YOU BE INTERESTED IN OBTAINING ONE? <i>(FOLLOWING INTERVIEW AND RELEVANT TRAINING)</i>	PLEASE TICK/CIRCLE: YES NO
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SUPPORTING INFORMATION:

PLEASE USE THIS AREA FOR ANY SUPPORTING INFORMATION:	
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ACCOUNT DETAILS FOR BACS PAYMENTS:

NAME ON ACCOUNT	
BANK	
SORT CODE	
ACCOUNT NUMBER	

FULL NAME OF CHILD SIGNING ON BEHALF OF _____

PARENT/ GUARDIANS SIGNED _____

PARENT/ GUARDIANS PRINT _____

DATE _____