



ADULT TALENT APPLICATION 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 |
| ADDRESS | |
| CITY | |
| COUNTY/ REGION | |
| POSTCODE | |
| EMAIL - PLEASE WRITE EMAIL CLEARLY | |
| MOBILE TEL NUMBER | |
| PREFERRED METHOD OF CONTACT | PLEASE TICK: TEXT EMAIL |
| GENDER | |
| ETHNICITY | |
| HAIR COLOUR | |
| EYE COLOUR | |



FEMALE

| | |
|------------|--|
| HEIGHT | |
| BRA SIZE | |
| WAIST | |
| HIP | |
| DRESS SIZE | |
| SHOE SIZE | |

MALE

| | |
|------------|--|
| HEIGHT | |
| COLLAR | |
| CHEST | |
| WAIST | |
| INSIDE LEG | |
| SHOE SIZE | |

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

INFLUENCER:

| | |
|---------|-------------------------------|
| BEAUTY | FASHION |
| FITNESS | FOOD |
| HEALTH | OTHER (<i>PLEASE STATE</i>) |

MODEL:

| | | |
|---------|-----------|------------|
| FASHION | RUNWAY | COMMERCIAL |
| PETITE | PLUS SIZE | SWIM WEAR |



| | | |
|----------|---------------|-------------------------------------|
| LINGERIE | GLAMOUR | FITNESS |
| FITTING | BODY PARTS | PROMOTIONAL |
| MATURE | ARTISTIC NUDE | OTHER <small>(PLEASE STATE)</small> |

SA/ EXTRA:

| | |
|---------|------------|
| WALK-ON | BACKGROUND |
|---------|------------|

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) | |
| HAVE YOU AT ANY TIME RECEIVED OR HAD PENDING A CRIMINAL CONVICTION, CAUTION, WARNING, REPRIMAND OR BIND-OVER? | PLEASE TICK: YES NO |

| | |
|---|---|
| <p>IF YES, PLEASE PROVIDE DETAILS: (IF YOU NEED MORE SPACE PLEASE USE THE SUPPORTING INFORMATION SECTION)</p> | |
| <p>DO 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

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 | |

SIGNED _____

PRINT _____

DATE _____