

ANGELA HEESOM CASTING - INFORMATION FORM

C/O ADELAIDE STUDIOS
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C A S T I N G

TODAY'S DATE:

YOUR DETAILS

FULL NAME:
PARENT'S NAME (if under 16):
MOBILE NUMBER:
HOME NUMBER:
WORK NUMBER:
EMAIL:
POSTAL ADDRESS:
POSTCODE:
DOB:
CULTURAL HERRITAGE:
LANGUAGES:
NATURAL ACCENT:
OCCUPATION:
AGENT (if any):
ARE YOU A CURRENT OR EX MEDIA OR SPORTING FIGURE? (please tick) YES NO
If yes, please note details:

OFFICE USE ONLY	
P1	<input type="checkbox"/>
P2	<input type="checkbox"/>
S	<input type="checkbox"/>
F	<input type="checkbox"/>
SF	<input type="checkbox"/>
E	<input type="checkbox"/>
CE	<input type="checkbox"/>
BD	<input type="checkbox"/>
Family	<input type="checkbox"/>

MEASUREMENTS

Height: Chest: Waist: Hips: Shoe: Dress/Suit Size:
Hair Colour: Eye Colour: Tattoos (if any):

TV EXPERIENCE

Please tick the relevant box(s) and give details:

- I currently appear in a TV commercial ON AIR
Advertiser: Role: Approx Date Filmed:
Advertiser: Role: Approx Date Filmed:
- I have been previously been in a TV commercial
Advertiser: Role: Approx Date Filmed:
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Advertiser: Role: Approx Date Filmed:
- I have appeared in a TV series:
Series Title: Role: Approx Date Filmed:
Series Title: Role: Approx Date Filmed:

FILM EXPERIENCE:

Please tick the relevant box(s) and give details:

- I have appeared in the following FEATURE FILM(s)
Film Title: Role: Approx Date Filmed:
Film Title: Role: Approx Date Filmed:
Film Title: Role: Approx Date Filmed:
- I appear in the following SHORT FILM(s)
Short Title: Role: Approx Date Filmed:
Short Title: Role: Approx Date Filmed:
Short Title: Role: Approx Date Filmed:

PLEASE TICK APPROPRIATE BOX(s)

SPORT & ATHLETIC SKILLS

- | | | |
|---------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Basketball | <input type="checkbox"/> Boxing |
| <input type="checkbox"/> Cricket | <input type="checkbox"/> Fencing | <input type="checkbox"/> Football |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Ice Skating |
| <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Rowing | <input type="checkbox"/> Sailing |
| <input type="checkbox"/> Skiing | <input type="checkbox"/> Soccer | <input type="checkbox"/> Squash |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Tennis | <input type="checkbox"/> Horseriding |
| <input type="checkbox"/> Cycling | <input type="checkbox"/> Other _____ | |

MUSIC & DANCE SKILLS

Instrumental

- | | | |
|-------------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Brass | <input type="checkbox"/> Drums | <input type="checkbox"/> Keyboard |
| <input type="checkbox"/> Percussion | <input type="checkbox"/> Strings | <input type="checkbox"/> Wind |
| <input type="checkbox"/> Piano | <input type="checkbox"/> Other _____ | |

Singing

- | | | |
|--------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Blues | <input type="checkbox"/> Jazz | <input type="checkbox"/> Opera |
| <input type="checkbox"/> Rock | <input type="checkbox"/> Show | <input type="checkbox"/> Theatre |
| <input type="checkbox"/> RnB | <input type="checkbox"/> Country | <input type="checkbox"/> Other _____ |

Dance

- | | | |
|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Aerobic | <input type="checkbox"/> Ballet | <input type="checkbox"/> Ballroom |
| <input type="checkbox"/> Belly | <input type="checkbox"/> Flamenco | <input type="checkbox"/> Jazz |
| <input type="checkbox"/> Modern | <input type="checkbox"/> Tap | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Acrobatics | <input type="checkbox"/> Clown | <input type="checkbox"/> Conjuring |
| <input type="checkbox"/> Suits | <input type="checkbox"/> Juggling | <input type="checkbox"/> Magician |
| <input type="checkbox"/> Fire Eating | <input type="checkbox"/> Puppeteer | <input type="checkbox"/> UniCycling |
| <input type="checkbox"/> Stilts | <input type="checkbox"/> Contortionist | <input type="checkbox"/> Other _____ |

ANY TRAINING &/OR FURTHER SKILLS

OFFICE USE ONLY:
