

NTO

ARTIST APPLICATION FORM 2024

This Application Form must be completed by all Artists who apply for roles in the various NTO productions. The information provided here must be true, truthful and correct. If it is found at a later stage that any of the information provided here was false and/or incorrect, further participation in any production will be suspended with immediate effect.

FULL NAMES (as it appears in your ID)

FULL RESIDENTIAL ADDRESS :

Cell phone number : _____ **Landline number :** _____

Your private email address : _____

Identity number :

Marital status :

List all medical conditions and all chronic medication :

Are you currently under medical treatment for any condition?

Please list any and all dependants :

Next of kin to be contacted in case of an emergency :

Do you have a criminal record? If yes, please provide details below :

Do you use any illegal or legal substance? If yes, please provide details below :

Do you smoke? YES / NO

Do you follow a specific diet? If YES, please provide details below :

Do you have a driver's licence? YES / NO

Are you a registered tax payer? YES / NO

Do you have any objection, if the need arises, to undergo drug testing? YES / NO

By answering YES above, you accept and acknowledge that NTO may conduct a drug test at any recognised service provider. The result of such test may affect your further participation in any productions and will be dealt with in terms of the DISCIPLINARY CODE of NTO.

I the undersigned, hereby confirm that the answers given above are truthful and to the best of my knowledge, correct.

SIGNATURE

DATE AND PLACE