



To be added to our database of extras and actors, return to [info@extrasireland.com](mailto:info@extrasireland.com)  
 Also send a couple of photographs of yourself. They should be clear and recent.  
 Please rest assured that the information you provide will be treated confidentially.

**PERSONAL DETAILS**

<b>First Name:</b>	<b>Last Name:</b>
<b>Gender:</b>	<b>Nationality:</b>
<b>Phone Number:</b>	<b>Email:</b>
<b>Do you have a PPS Number? Yes/No</b>	<b>Occupation:</b>
<b>Town/City:</b> <b>County:</b>	<b>Emergency Contact Name &amp; Number:</b>
<b>Age:</b>	<b>Date of Birth:</b>
<b>Ethnicity (eg Caucasian, Native American etc):</b>	<b>Body Type (eg petite, average, athletic, strong, etc):</b>
<b>Height (in feet and inches):</b>	<b>Waist (in inches):</b>
<b>Hair Colour:</b>	<b>Eye Colour:</b>
<b>Tattoos: YES/NO (if yes please specify)</b>	<b>Piercings: YES/NO (if yes please specify)</b>

**EXPERIENCE & SKILLS**

**Have you attended any drama/performance classes? If yes, please specify.**

**Do you have any previous acting experience? If yes, please specify.**

**Have you worked as an extra before? If yes, please specify.**

**Please tell us about your skills/hobbies eg sport, musical instrument, dance, singing etc**

<b>What languages can you speak? Please specify to what level.</b>	<b>What is your level of Gaeilge/Irish language? (none, basic, conversational, fluent etc)</b>
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**MEDICAL INFORMATION**

**It is your responsibility to disclose any medical conditions that you feel it is important for us to know about. Answering this will not disqualify you from getting work. Have you any of the following - asthma, heart problems, diabetes, epilepsy, special dietary needs, mobility issues?**

**AGREEMENT & SIGNATURE**

**By signing below, I confirm that all the above statements are true and correct and I am eligible to work in Ireland. I hereby understand and agree to the T&Cs of working with Extras Ireland and wish to be contacted regarding future work opportunities.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**If under 18, this must be signed by a parent/guardian.**

**Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

