

BRITAIN'S NEXT top model

Please return the completed form to: Britain's Next Top Model 5, PO BOX 51520, London SE1 8ZF

PLEASE PRINT OFF THE APPLICATION FORM, AND HANDWRITE YOUR ANSWERS, THEN RETURN YOUR FORM & PHOTOS TO THE ABOVE ADDRESS

FULL NAME: _____

ADDRESS: _____

OCCUPATION: _____

HOME PHONE: _____

MOBILE: _____

WORK PHONE: _____ EMAIL: _____

DO YOU HAVE A HOMEPAGE ON THE INTERNET? IF SO WHAT IS THE ADDRESS?-

DATE OF BIRTH: _____ AGE _____ (Applicants must be aged between 18-24)

HAIR COLOUR: _____ EYE COLOUR: _____

HEIGHT: _____ WEIGHT: _____ (You **must** be at least 5'7'' in height.)

MARITAL STATUS: _____

IF MARRIED OR IN A RELATIONSHIP, HOW WILL YOU PARTNER/FAMILY FEEL ABOUT A POTENTIAL 2 MONTH SEPARATION?

NUMBER OF CHILDREN (IF ANY): _____ AGE(S) _____

DO YOU HOLD A BRITISH PASSPORT: _____ IF YES, WHEN DOES IT EXPIRE: _____

HOBBIES AND INTERESTS:

FUTURE AMBITIONS:

WHAT IS YOUR FAVOURITE/BEST PHYSICAL FEATURE?

IF ANY WHICH PHYSICAL FEATURE WOULD YOU CHANGE?

DESCRIBE YOUR PERSONALITY (GOOD AND BAD POINTS!)

LIST ANY FEARS OR PHOBIAS YOU HAVE...

HAVE YOU EVER APPEARED ON TV BEFORE? IF SO WHAT PROGRAMME AND WHEN?

HAVE YOU APPEARED IN ANY MAGS? IF SO WHICH MAGAZINE, WHEN AND WHY?

DO YOU HAVE ANY EXPERIENCE AS A MODEL, OF ANY KIND?

HAVE YOU EVER HAD A MODELING CONTRACT? / DO YOU CURRENTLY HAVE AN AGENT? IF SO PLEASE GIVE DETAILS

WHY DO YOU THINK YOU COULD BE BRITAIN'S NEXT TOP MODEL?

IS THERE A SUPERMODEL YOU ADMIRE, IF SO WHY?

DO YOU HAVE A STRATEGY FOR WINNING THE CONTEST?

HAVE YOU WATCHED BRITAIN'S NEXT TOP MODEL SERIES 4? IF SO PLEASE TELL US YOUR LIKES AND DISLIKES OF THE SHOW.

WHO WAS YOUR FAVOURITE GIRL ON BRITAIN'S NEXT TOP MODEL SERIES 4 AND WHY?

WHAT/WHO GETS ON YOUR NERVES?

WHAT IS THE BEST THING THAT HAS EVER HAPPENED TO YOU?

WHAT IS THE WORST THING THAT HAS EVER HAPPENED TO YOU?

IF SELECTED, WOULD YOU BE ABLE TO CLEAR YOUR DIARY FOR UP TO 8 WEEKS (INCLUDING TIME OFF WORK):

HOW DO YOU FEEL ABOUT STAYING IN AN APARTMENT WITH 11 OTHER GIRLS?

IS THERE ANYTHING ELSE YOU CAN TELL US THAT WOULD CONVINCEN US TO CHOOSE YOU AS ONE OF THE 12 FINALISTS FOR THE SHOW?

GENERAL

DO YOU SMOKE? _____ DO YOU DRINK ALCOHOL? _____

WHAT ARE YOUR THOUGHTS ON RELIGION? _____

DO YOU HAVE ANY FOOD SPECIFICATIONS?

HAVE YOU EVER LIVED WITH ROOMMATES? _____

WHAT'S YOUR FAVOURITE TV SHOW? _____

FAVOURITE MOVIE? _____

FAVOURITE MUSIC? _____

HEALTH

HAVE YOU BEEN TREATED FOR ANY PHYSICAL OR MENTAL ILLNESSES IN THE LAST 5 YEARS? IF SO PLEASE GIVE DETAILS.

DO YOU HAVE ANY ALLERGIES? _____

OTHER

DO YOU HAVE A CRIMINAL RECORD? IF SO PLEASE GIVE DETAILS BELOW...

PLEASE STATE HOW YOU HEARD ABOUT THE SHOW: (eg. BNTM website, newspaper, poster and state which one e.g. beonscreen.com, The Stage, Swansea University poster etc)

HAVE YOU APPLIED TO APPEAR ON ANY OTHER TV SHOW? (PLEASE NAME THEM)

- PLEASE ALSO SEND A FULL LENGTH, CLOSE-UP PHOTOGRAPH OF YOURSELF AND A SWIMWEAR SHOT. WE MAY NEED TO KEEP THESE FOR OUR RECORDS.
- IT IS IMPORTANT YOU ANSWER ALL QUESTIONS TRUTHFULLY OTHERWISE YOU RISK BEING DISQUALIFIED
- IN SIGNING, YOU CONFIRM THAT YOU HOLD A VALID BRITISH PASSPORT

IN THE FUTURE WOULD YOU OBJECT TO BEING CONTACTED OR SENT INFORMATION ABOUT OTHER TV SHOWS WE ARE PRODUCING? YES/NO *(please delete as applicable)*

Sign:

Date:

WE LOOK FORWARD TO RECEIVING YOUR PHOTOS AND APPLICATION

