



Registration Form

Please complete this form clearly and honestly. Use BLOCK LETTERS if printing by hand. Required items marked with an asterisk (*) should be completed before submission.

<p>Who this form is for Applicants interested in CREATE's creative arts development platform, including performers, writers, designers, managers, and emerging creative professionals.</p>	<p>Submission essentials Some applicants will also submit a 1-minute video, writing sample, proposal, or design sketch depending on their area of interest.</p>	<p>For applicants under 18 Parent or guardian consent is required before the application can be processed.</p>
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01 Applicant Information

Provide your personal, contact, and background information.

Full Name *	Date of Birth * (DD / MM / YYYY)
Email Address *	Phone Number *
WhatsApp Number *	Gender
City / State of Residence *	Nationality
Personal Website	Social Media Handle

Academic Qualifications *



Relevant Experience *

Character Description *

Special Skills *

**02 Area of Interest**

Tick one primary interest area. This will determine the material you must submit with your application.

<input type="checkbox"/> Acting	<input type="checkbox"/> Singing	<input type="checkbox"/> Dancing	<input type="checkbox"/> Public Speaking
<input type="checkbox"/> Scriptwriting	<input type="checkbox"/> Management	<input type="checkbox"/> Design	<input type="checkbox"/> Other:

03 Required Submission Checklist

Attach the correct submission for your selected pathway.

Area	Submit this item
Acting / Singing / Dancing / Public Speaking	<input type="checkbox"/> 1-minute performance video
Scriptwriting	<input type="checkbox"/> Short story or 500-word script synopsis
Management	<input type="checkbox"/> 500-word proposal on managing a film, stage production, or artist
Design	<input type="checkbox"/> Sketch or concept sample for costume, make-up, prop, or related design work

04 Applicant Support Information

How did you hear about CREATE?	Preferred Program / Class
Emergency Contact Name	Emergency Contact Phone

Short Statement of Interest (Why do you want to join CREATE?)



05

Parent / Guardian Consent (For Applicants Under 18)

This section must be completed where the applicant is under 18 years old.

Parent / Guardian Full Name	Relationship to Applicant
Phone Number	Email Address
Home Address	Guarantor Name (where applicable)

I confirm that I am the parent / legal guardian of the applicant named in this form and that I consent to their application, review process, and participation in approved CREATE activities, subject to program rules and safeguarding standards.

Parent / Guardian Signature	Date
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06

Declaration, Consent, and Indemnity

- I confirm that the information provided in this application is true, complete, and accurate to the best of my knowledge.
- I confirm that all submitted materials are my original work or materials I am legally entitled to use and submit.
- I understand that CREATE may receive, review, store, and internally use my materials for assessment, selection, training review, documentation, and program administration.
- I agree to abide by CREATE's rules, code of conduct, and safeguarding standards.
- I understand that false or misleading information may result in disqualification or removal from the program.

Applicant Signature	Date
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07 Office Use Only

Application Received By	Date
Area of Interest Confirmed	Submission Complete <input type="checkbox"/> Yes <input type="checkbox"/> No
Status <input type="checkbox"/> Pending <input type="checkbox"/> Accepted <input type="checkbox"/> Hold	Consent Required <input type="checkbox"/> Yes <input type="checkbox"/> No
Notes	

Submission Note

Completed forms and supporting files such as videos, scripts, proposals, and design samples should be sent as an attachment to info@createstars.org