



VIPER PRODUCTIONS CREATIVE ARTS ACADEMY

APPLICATION FORM

We are excited to welcome neurodiverse and SEN applicants who are passionate about Film, TV & Media. The Viper Productions training programme is designed to support and celebrate the talents of neurodiverse and disabled individuals who want to develop their skills, confidence, and experience in media production.

Please fill in the form below. If you need help completing it, support is available.

1. Personal Details

Full Name: _____

Date of Birth: ____ / ____ / ____

Address: _____

Phone Number: _____

Email Address: _____

2. Emergency Contact

Emergency Contact Name: _____

Relationship to Student/Applicant: _____

Emergency Contact Phone Number: _____

3. About the applicant

Do you identify as neurodivergent and/or disabled?
(Please tick **all** that apply)

- ☐ Autistic
- ☐ ADHD
- ☐ Dyslexia / Dyspraxia
- ☐ Learning Disability
- ☐ Sensory or Physical Disability
- ☐ Mental Health Condition
- ☐ Other (please state): _____

Tell us about yourself. What are your interests, strengths or passions?
(You can write as much or as little as you like)

Why do you want to join the Viper Productions Film, TV & Media Programme?

Do you have any experience or interest in Film, TV or Media?
(It is okay if you are just starting out!)

4. Support Needs

Do you have any support needs or adjustments that would help you take part in this programme comfortably and successfully?
(E.g. quiet space, visual aids, accessible materials, extra time, communication support, etc.)

5. Availability

Which days are you usually available?
(Tick all that apply)

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday

6. Consent

Do you give permission for photos and videos to be taken of you during the programme for Viper Productions' promotional use (social media, website, etc.)?

- ☐ Yes
- ☐ No
- ☐ I'd like to discuss this more

7. Signature

I confirm that the information given is true and I am applying to join the Viper Productions 'Film, TV & Media Training Programme'.

Name: _____ Signature: _____ Date: ____ / ____ / ____

If completed with support, please include name of supporter: _____