**Application Form**

The information you provide in this form will be used only for purposes of admission to
Intercultural Theatre Institute (ITI) and will be treated confidentially.

To complete form, please click in the appropriate space to enter text and click the boxes

where applicable.

**Application for admission in** **[ ]  2026** **[ ]  2027**

|  |
| --- |
| Shape  Description automatically generated with low confidenceRight-click to insert photo of yourself |

***1.Particulars of Applicant***

|  |
| --- |
| Full Name (as in NRIC, passport or local identity card): |
|       |
| Preferred Name (if any): |
|       |
| Address where you can easily be reached: |
|       |
|       |
|       |
|  |
| Country code | Phone number |  |
| (     ) |       | (mobile) |
| (     ) |       | (alternative if any) |
| Email address: |       |  |

|  |
| --- |
|       |

Singapore NRIC [ ]  / Passport [ ]  / Other Local Identity Card [ ]  number:

*select whichever applicable*

(DD/MM/YYYY)

|  |
| --- |
|       |

Date of Birth:

|  |
| --- |
|       |

Place of Birth:

|  |  |
| --- | --- |
| Nationality: |  |
| [ ]  Singapore Citizen |       |
| [ ]  Singapore Permanent Resident |       |
| [ ]  Others (please specify): |       |

|  |  |
| --- | --- |
| Ethnicity: |       |
| Religion: |       |
| Marital Status: |       |
| Gender: |       |

***2. Education***

***a. Highest formal educational qualification***

|  |  |
| --- | --- |
| Qualification: |       |
| Institution: |       |
| Year Completed: |       |
| *Include a copy of the corresponding certificate(s) in Appendix D.* |

***b. English language proficiency***

Academic or other formal qualification for study/use of English Language:
(e.g. GCE ‘O’ Levels or high school equivalent, IELTS, etc)

|  |  |
| --- | --- |
|       |  [ ]  Pass [ ]  Fail |

*Include a copy of the corresponding certificate(s) in Appendix D.*

Written English: [ ]  Fluent [ ]  Adequate [ ]  Need help
Spoken English: [ ]  Fluent [ ]  Adequate [ ]  Need help

***c. Other language proficiencies***

|  |  |  |
| --- | --- | --- |
|       | Written:Spoken:  | [ ]  Fluent [ ]  Adequate [ ]  Need help[ ]  Fluent [ ]  Adequate [ ]  Need help |
|  |  |  |
|       | Written:Spoken:  | [ ]  Fluent [ ]  Adequate [ ]  Need help[ ]  Fluent [ ]  Adequate [ ]  Need help |
|  |  |  |
|       | Written:Spoken:  | [ ]  Fluent [ ]  Adequate [ ]  Need help[ ]  Fluent [ ]  Adequate [ ]  Need help |
|  |  |  |
|       | Written:Spoken:  | [ ]  Fluent [ ]  Adequate [ ]  Need help[ ]  Fluent [ ]  Adequate [ ]  Need help |
|  |  |  |
|       | Written:Spoken:  | [ ]  Fluent [ ]  Adequate [ ]  Need help[ ]  Fluent [ ]  Adequate [ ]  Need help |

***d. Previous theatre training***

|  |  |  |
| --- | --- | --- |
| Nature of training / qualification | Year / duration | Name of teacher / school |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

*If you need more space, please attach a separate document.*

**Technical Theatre Experience**

|  |  |  |
| --- | --- | --- |
| Stage Management | Stage Lighting | Stage Sound |
| [ ]  No experience[ ]  Beginner[ ]  Advanced[ ]  Very experienced | [ ]  No experience[ ]  Beginner[ ]  Advanced[ ]  Very experienced | [ ]  No experience[ ]  Beginner[ ]  Advanced[ ]  Very experienced |

***3. Health History***

Do you have any of the following conditions currently or in the past 12 months?

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Yes | No |
| 1. | Medical conditions (e.g. asthma/breathing difficulties, diabetes, epilepsy, gout, heart/lung issues, hernia, infectious diseases, etc) | [ ]  | [ ]  |
| 2. | Mental health conditions (e.g. anxiety, eating disorders, mood disorders, psychotic disorders, etc) | [ ]  | [ ]  |
| 3. | Disability/learning needs (e.g. autism, dyslexia, visual impairment, etc) | [ ]  | [ ]  |
| 4. | Injuries/physical conditions (e.g. ligament issues, muscle, joint, or spinal disorders, etc) | [ ]  | [ ]  |
| 5. | Drug and/or food allergy  | [ ]  | [ ]  |

Please elaborate if you have selected Yes for any of the conditions above and provide details on other health/medical issues not listed above.

|  |
| --- |
|       |

*If you need more space for explanations, please attach a separate document.*

Are you currently receiving or have received the following care and/or procedures in the past 12 months?

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Yes | No |
| 1. | Physical Therapy | [ ]  | [ ]  |
| 2. | Psychotherapy/Counselling | [ ]  | [ ]  |
| 3. | Chiropractor | [ ]  | [ ]  |
| 4. | Medication | [ ]  | [ ]  |
| 5. | Surgery and/or Hospitalisation | [ ]  | [ ]  |
| 6. | Others (please state) | [ ]  | [ ]  |

If you have selected Yes for any of the above, please explain further.

|  |
| --- |
|       |

*If you need more space for explanations, please attach a separate document.*

***4. Personal History***

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | Yes | No |
| Have you ever been convicted in a court of law in any country? | [ ]  | [ ]  |
| Have you ever been prohibited from entering Singapore? | [ ]  | [ ]  |
| Have you ever been refused entry into or deported from any country? | [ ]  | [ ]  |
| Have you ever entered Singapore using a different passport or name? | [ ]  | [ ]  |
| *If any of the answers is Yes, please furnish details in a separate document.* |  |  |

***5. Supporting Documents***

|  |  |
| --- | --- |
|  | *Please indicate if attached.* |
| Appendix A | Experience in the arts | [ ]  |
| Appendix B | Statement of aspiration (min. 100 word statement)*Tell us why you are interested in joining the programme* | [ ]  |
| Appendix C | Employment experience | [ ]  |
| Appendix D | Highest formal education and English Language Proficiency(as stated in Section 2, please provide certificates and/or transcripts) | [ ]  |
| Appendix E | Other learning experiences(please include corresponding certificates if relevant) | [ ]  |
| Appendix F | Two letters of reference (preferably from arts practitioners/companies) | [ ]  |
| Appendix G | Other things you wish to tell us (optional) | [ ]  |

***6. Declaration and Consent***

Please check the boxes accordingly and sign.

[ ]  I declare that all the particulars furnished by me in this application are true.

*In compliance with the personal Data Protection Act, 2012 (PDPA), ITI seeks your consent to collect and use your personal data (i.e. name, NRIC/passport number, contact numbers, mailing and email addresses, and all other information in this form) in order to process your application for enrolment purposes and to disclose such personal data to the relevant government authorities such as the Immigration & Checkpoints Authority and Committee for Private Education when necessary. Your personal data will be kept securely according to PDPA.*

[ ]  I hereby give my acknowledgement and consent to ITI to use my personal data for the Purposes and Services stated above.

[ ]  I also consent to the collection and use of my personal data to ITI to provide me with information and updates about ITI as well as activities such as upcoming events, seminars, workshops, conferences and programmes organized by ITI.

[ ]  I agree that my consent will remain in place until my withdrawal by officially notifying ITI in writing.

Right-click to insert photo of signature

|  |  |  |
| --- | --- | --- |
|  |  |       |
| Signature of applicant |  | Date |

|  |
| --- |
|  |

Please send completed application form, with photo, and supporting documents to ITI by:

1. Email:

*admissions@iti.edu.sg*

OR

1. Mail:

*Attn: Curriculum Coordinator*

*Intercultural Theatre Institute*

*11 Upper Wilkie Road*

*Singapore 228120*

|  |
| --- |
|  |

How did you hear about ITI? (You may select more than one)

[ ]  Online features / listings

[ ]  Collaterals (brochures, flyers, posters, etc.)

[ ]  Print / Newspaper

[ ]  Word-of-Mouth

[ ]  Google or other search engine

[ ]  Other

The information you provide in this form will be used only for purposes of admission to Intercultural Theatre Institute (ITI) and will be treated confidentially.

|  |
| --- |
| **For official use only** |

|  |  |
| --- | --- |
| Date received:  | Received by: |