



NEW ZEALAND'S NEXT TOP MODEL CYCLE 3 APPLICATION FORM

Please see below for audition dates

Congratulations! You could be in the running towards becoming New Zealand's Next Top Model! Complete the accompanying application form and bring it with you to the audition.

In order to avoid disappointment on audition day, please note the rules and conditions below:

- You must bring proof of ID with you to the audition venue
- You must fill in the application form honestly and accurately
- Height is measured in BARE FEET (i.e with no shoes on)
- If you are under 170cm and/or younger or older than 16 - 25 years of age as on the 15th of April 2011 you are NOT eligible (subject to change due to production timings)

YOU SHOULD NOTE that by completing this form and giving it to us on audition day you are agreeing to the following:

- to make yourself available for the entire production period throughout April/May/June 2011. You may be required to relocate to the Top Model house in Auckland, and you may be required to travel overseas;
- we can make enquiries about you (in order to assess your suitability for the programme) in the course of which we may acquire private information about you;
- you will be available for all necessary programme promotion and publicity;
- you give us the absolute and unrestricted right to use the information we acquire about you and your performance and/or your image for all purposes associated with the programme and its promotion and marketing whether here in New Zealand or elsewhere in the world in perpetuity;

- we will retain complete editorial control over the programme including whether we produce or publish the programme and, if we should cancel the programme, we have no obligation to you to cover your costs or award you any prize.

SECTION 1	PLEASE ENSURE EVERY SECTION IS FILLED IN (or marked N/A)			
Full Name:				
Physical Address:				
Work Tel:		Home Tel:		Mobile:
Email Address:				
Gender:		DOB:		Age:
Marital Status:			Nationality:	
Children's Names & Ages:				
Occupation:				
Company Name:				
Weight (kg):			Height (cm):	
Waist (cm):		Dress Size:		Shoe Size:

Must be aged between 16 & 25 years as at 15/04/11

Must be at least 170cm in BARE FEET

SECTION 2 INFORMATION ABOUT YOU	
1	List five dreams/goals that you have in your life and why:

2	What has been your biggest past achievement that you are most proud of?
3	Describe your personality:
4	Do you have any acting, singing or performing aspirations and if so what are they?
5	Have you ever appeared on television or in any published media? Details:
6	Do you have any modelling experience? Details: <small>NOTE: you are NOT eligible if you have modelled in a national campaign within the last five years.</small>
7	Are you currently represented by a manager or agent? Details: <small>NOTE: you MUST be in a position to terminate any current agency or manager's appointment if you are selected to participate in the show.</small>

8	Other than modelling, what would you like to be doing in five years time?
9	Have you done any tertiary study? If so what and where?
10	Where is your favourite holiday destination and why?
11	Have you ever been charged with a crime? Details:
12	Have you ever been convicted of a crime? Details:
13	Are you involved in any pending litigation? Details:
14	Do you have any food allergies or dislikes?
15	How often do you exercise and what kind of exercise do you do? Details:
16	How much alcohol do you consume in a week?

17	Do you hold a valid New Zealand passport? When does it expire? If not, are you eligible for a New Zealand passport?
18	Please list any social networking sites you subscribe too (e.g. Facebook, MySpace, Bebo):
19	Describe your relationship with your closest family members including your parents and siblings.

SECTION 3 MEDICAL HISTORY

20	How would you describe your health? Details:
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21	List any current medications you take and describe what they are for and how long you've been taking them:
22	Do you, or have you ever smoked? If so please give details of how much, and/or when you gave up:
23	Do you have any condition that would prevent you from doing strenuous activity?
24	When was your last check-up with your doctor and were there any negative results?
25	Have you ever been treated for depression or mental illness? If yes, please describe any medication taken, when it happened and what the trigger was:
26	Provide details of your doctor: Doctor's Name: Surgery: Contact Number:

SECTION 4 REFERENCES

27	Please supply the names and contact numbers of 2 of your closest friends:
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28	Please supply the names and contact numbers of your parents/guardians or your 2 nearest relatives:
29	Please supply the name and contact number of your supervisor/manager/person you report to at work or of your last known employer:

SECTION 5 YOUR TURN! WHY DO YOU THINK YOU SHOULD BE PICKED AND WHY WOULD YOU BE GOOD FOR THIS SHOW?

Blank area for writing responses to Section 5.