

# BUCKLAND GUN

## Talent Details

Given name(s): \_\_\_\_\_

Family name: \_\_\_\_\_

PERSONAL DETAILS	
Date of birth (DD/MM/YYYY)	
Gender identity	
Home address	
Suburb	
State & code	
Mobile number	
Email address	
Tax File Number	
Super Fund	
Super Member No	
ABN	

VITAL STATS	CMS	INCHES
Height		
Chest/Bust		
Waist		
Hip		
Top Size/Pant Size		
Shoe Size		
Hair & Eye Colour		
Vocal Range (Singers)		
Dance Training (Dancers)		
1 <sup>st</sup> Language		
2 <sup>nd</sup> Language(s)		

Please provide details of heritage (grandparents nationality)	How would you describe your ethnicity		
Please describe any tattoos, body art or piercings			
Please provide details of any specialist skills or abilities (including sports and musical skills)			
Are you prepared to work interstate?	YES/NO (delete)	Are you prepared to be responsible for own travel costs and accommodation?	YES/NO (delete)
If you have any professional training, please provide full details including, name of educational establishment, course name, and qualification:			

(If 16 years or under, a parent, or legal guardian is required to sign and approve all activities)

Name..... Signed ..... Date .....

Please note, by signing this form, you acknowledge that BUCKLAND and GUN terms of representation are:

- To be exclusively appointed to represent you in the pursuit of paid work of the kind referred to above.
- To ensure that no other agents have a claim upon you or your earnings.
- Commission will be paid in respect of all professional work.
- You will give no less than one calendar month's written notice should you wish to terminate representation.

REG NO	PREFIX	STATUS	DATABASE	DD	PHOTO	WEBSITE	C-NET