

Voiceover Artist Questionnaire

Strictly Private & Confidential



Name	<input type="text"/>	Address	<input type="text"/>
	Male <input type="checkbox"/> Female <input type="checkbox"/>		<input type="text"/>
Date of Birth	<input type="text"/>	Postcode	<input type="text"/>
Telephone	<input type="text"/>	Fax	<input type="text"/>
Mobile	<input type="text"/>	E-Mail	<input type="text"/>
			<input type="text"/>
What is your mother tongue?	<input type="text"/>		

Please give details of any experience as a voiceover artist, and/or any relevant qualifications:

Please enclose a demonstration tape or CD with your form.

What rates do you charge per hour? \$ € £

Are you a member of any professional organisation? Yes No

If so, please specify:

Are you covered by Professional Indemnity Insurance?

Yes

No

If so, please specify:

Signature

Date

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE

Please return to:

**T & I Services (UK) Limited, Midsummer Court, 314 Midsummer Boulevard
Central Milton Keynes, MK9 2UB**