

# MODEL APPLICATION FORM 2018



## PLEASE TELL US A BIT ABOUT YOURSELF:

Name: \_\_\_\_\_ Mobile tel no: \_\_\_\_\_  
Address: \_\_\_\_\_ Home tel no: \_\_\_\_\_  
Postcode: \_\_\_\_\_ Twitter: @ \_\_\_\_\_  
Email: \_\_\_\_\_ Facebook: (y/n) \_\_\_\_\_

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Date of birth & age: \_\_\_\_\_ Next of Kin: \_\_\_\_\_  
Current occupation and employer: \_\_\_\_\_ Children: (names & ages if possible) \_\_\_\_\_  
Marital status: \_\_\_\_\_  
Height: (ft) \_\_\_\_\_ Dress size: \_\_\_\_\_  
Bust: (") \_\_\_\_\_ Bra size: \_\_\_\_\_  
Waist: (") \_\_\_\_\_ Hair colour: \_\_\_\_\_  
Hips: (") \_\_\_\_\_

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## ETHNIC GROUP – PLEASE INDICATE:

### A. White

British   
Irish   
Other White background, indicate below: \_\_\_\_\_

### B. Mixed

White and Black Caribbean   
White and Black African   
White and Asian   
Other Mixed background, indicate below: \_\_\_\_\_

### C. Asian or Asian British

Indian   
Pakistani   
Bangladeshi   
Other Asian background, indicate below: \_\_\_\_\_

### D. Black or Black British

Caribbean   
African   
Other Black background, indicate below: \_\_\_\_\_

### E. Chinese or other ethnic group

Chinese   
Any other, please write below: \_\_\_\_\_

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## IMPORTANT - PLEASE READ:

If successful you will be asked to attend a Welcome Information Day in Glasgow set for **Saturday 21 April**.

The Show 2018 is booked to take place on **Thursday 25 October** at the Hilton Hotel, Glasgow. We will require you to be available at the hotel on Wednesday 24 October for rehearsal and fittings.

Can you commit to attend all the above dates? Yes  No

Following selection into the final group, the press and communications team at Breast Cancer Care may ask you to take part in media work that exists around The Show and in October, Breast Cancer Awareness Month. We ask you to tick the box here to confirm that if you are chosen to model you would be willing to take part in media work  (please tick).

Please tick here if you would be willing to take part in media work for Breast Cancer Care even if you are not chosen to model  (please tick).

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## DATA PROTECTION; my preferences

We would like to keep in touch with you to let you know about future activities and events at Breast Cancer Care. *Please note we will not pass on your details to any other organisation.*

- Yes**, please send me information on Breast Cancer Care activities
- No** thank you, I would rather not receive any further information

**Office Use Only** – applicants please do not fill in this boxed section

Name:

Age:

Location:

Marital Status:

Occupation:

Children:

## **YOUR EXPERIENCE OF BREAST CANCER:**

(Please feel free to use as much space and go into as much detail as you would like in this section of the application form)

Question 1: Please tell us as much as you can about your experience of having breast cancer, including diagnosis, treatment and timings (in max 350 words)

Question 2: Please tell us as much as you can about how having breast cancer has impacted your life (in max 350 words)

Question 3: What advice would you give someone who has just been diagnosed with breast cancer? (in max 250 words)

Question 4: Why would you like to be a model in the Breast Cancer Care show? (in max 250 words)

## YOUR EXPERIENCE OF BREAST CANCER CARE:

Question 5: Have you, or any of your family and friends, used any of Breast Cancer Care's services in the past?

Younger Women Together	<input type="checkbox"/>	Living with Secondary Breast Cancer	<input type="checkbox"/>
Moving Forward	<input type="checkbox"/>	Someone Like Me	<input type="checkbox"/>
Helpline/Ask The Nurse	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>
Website/Forums	<input type="checkbox"/>	_____	

If yes, how have they helped you? (Please specify)

Question 6: Are you currently registered as a Breast Cancer Care volunteer?

Yes  No

If yes, how long have you been a volunteer and what are your main activities? (Please specify)

Question 7: How did you hear about The Show Scotland?

Question 8: Have you applied to be a model in The Show before? (If yes, how many times)

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**MANY THANKS AND GOOD LUCK!**

**Please return this form along with a full length picture by Saturday 31 March to:**

Claire Devlin (Events Executive)  
Breast Cancer Care Scotland, Ground Floor, Robertson House, 152 Bath Street, Glasgow, G2 4TB

or email: [TheShowScotland@breastcancercare.org.uk](mailto:TheShowScotland@breastcancercare.org.uk)

If you have any queries or questions please call 0345 077 1892.