**“SO YOU WANT TO WORK IN TV?”**

**One Day Course**

Date of Workshop:

Name:

Address:

Email:

Contact Telephone Numbers:

Age:

School / University (if applicable):

Current job title:

Do you have any previous TV experience?

Reason for attending the course:

Areas of interest / Goals?

How did you hear about the course (*delete as applicable*)?

PMA Website / PMA Member (please give name)/ College/School (which one?) /Person who has been on the course before (please give name) / Internet Search /Industry Organisation (which one?) / Other (please give details)

Dietary requirements (gluten free, no nuts etc):

PLEASE FEEL FREE TO BRING A HARD COPY OF YOUR CURRENT CV WITH YOU ON THE DAY, IN ORDER TO GET FEEDBACK FROM THE COURSE TUTOR.

Events cancellation policy

Please note we will only be able to issue a refund if you let us know 48 hours before the course is scheduled to start. Please contact the PMA on 020 8758 8699 or email pma@pma.org.uk for any cancellation requests.