



**IMAGE MODEL SEARCH APPLICATION FORM**

Thank you for taking the time to apply for the **2010 Search for the Rachell Allen Image Model**. Please complete this form with as much of the requested information as possible. If you are unsure about anything contained on this form, please contact us and we'll help you through the process.

We will collect this information so that we can assess suitability for the Preliminary round, however we will never pass information such as your full name, address or phone number to any third party unless you ask us to do so.

**Personal Information (\*company use only)**

**Full Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Contact number/s** \_\_\_\_\_

**e-Mail address** \_\_\_\_\_ **Website/Profile** \_\_\_\_\_

**Date of birth** \_\_\_\_\_ **Nationality** \_\_\_\_\_

**High school** \_\_\_\_\_ **Year** \_\_\_\_\_

**College** \_\_\_\_\_ **Year** \_\_\_\_\_

**Please indicate if you are a nursing student or a nursing graduate.** \_\_\_\_\_

**Please indicate if you are a local board passer and/or NCLEX passer.** \_\_\_\_\_

**Other Additional Educational Attainment (i.e. college degrees, etc.)**

\_\_\_\_\_  
\_\_\_\_\_

**Short Biography**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Modelling Experience (If any)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Will You Sign A Model Release?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Please confirm that you are over the age of 18.** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Please attach 2-4 recent images of yourself (i.e. 1 head shot & 1 whole body), Recommendation letter from a Nursing faculty or College dean, and Certificate of Good Moral Character from Advisor/Counselor.**

**I hereby declare that all information contained in this form is true and certifiable.**

\_\_\_\_\_  
**Printed Name under Signature**

**Date** \_\_\_\_\_