**OPERATION TRANSFORMATION S10**

**Application Form**

Please your completed application form, along with 2 photos of yourself by email to [**ot@vipmg.tv**](mailto:ot@vipmg.tv) or by post to;

**Operation Transformation**

**Vision Independent Productions,**

**Unit 26/27, Finglas Business Park,**

**Tolka Valley Road,**

**Dublin 11.**

**All applications must be accompanied by 2 photographs of yourself (1 head shot and 1 full length shot).**

Applications submitted on behalf of somebody else will not be accepted- i.e. You cannot nominate a partner, friend etc.

If multiple members of your family are interested in applying, please ensure that everyone fills out their own separate form and highlight that you are applying as part of a family. For children under 16, please include their name and weight on your form.

The application form is quite long so please take your time. This is your opportunity to change your life so please fill it out as openly and honestly as possible.

For further information please email **ot@vipmg.tv** or call **(01) 864 1444.**

Good Luck!

**Terms and Conditions:**

* We reserve the right at any time to carry out background checks on you to verify the information provided in your application (including, but not limited to, Disclosure and Barring Service checks carried out by third party organisations). By signing this Application Form you authorise us to carry out such background checks.
* Application forms will be retained by Vision Independent Productions and by submitting your application you agree that we may share the information with RTÉ. The information will be kept securely and in accordance with applicable Data Protection Act legislation

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| **Name** |  |
| **Date of Birth** |  |
| **Mobile Phone** |  |
| **Landline** |  |
| **Email** |  |
| **Address** |  |
| **Where did you hear/ see the callout for applications?**  e.g. the website, Facebook, Twitter, RTE radio show, RTE TV, from a friend |  |
| **Have you ever applied for Operation Transformation or before?** |  |
| **Have you ever appeared on TV before?** |  |
| **Do you have access to a computer and broadband at home?** |  |
| **Are you on Facebook and/or Twitter / Instagram?** |  |
| **Are you available for filming from November to March?**  **Please detail any availability issues.**  You will be needed for approx 5 days throughout November and December and we will require full access for filming throughout January and February. |  |
| **Do you have any big occasions scheduled in 2016/2017?**  (e.g birthdays, weddings, family occasions etc. ) |  |
| **Have you ever been convicted of a crime or are you the subject of any ongoing criminal proceedings or investigations?**  If so, please specify full details (i.e. the offences, the date of conviction, the court concerned and the sentence imposed and any other relevant information). |  |
| **Height**  in feet & inches |  |
| **Weight**  in stones & pounds |  |
| **Occupation** |  |
| **Marital Status** |  |
| **Children**  names & ages |  |
| **Who do you reside with and what is your relationship to them?**  e.g. family, flatmates, partners |  |
| **How do your family and friends feel about your decision to apply for Operation Transformation?** |  |
| **Please list the key friends and family members who are willing to feature as part of the show?**  Please note all key people featuring on the show, will be met by production and asked to agree to the terms and conditions in advance of filming. |  |
| **Who is your closest friend/ confidante?** |  |
| **Which family/ friends would be willing to follow the Operation Transformation Health and fitness plan with you?** |  |
| **Do you have any disabilities?**  We require this information in order to ensure that we meet our duty of care to you as a participant. |  |
| **Do you have any health problems?**  e.g. High blood pressure, diabetic  **If so, how does this affect you?** |  |
| **Is there a history of any health problems in your family?**  If so please state which ones. |  |
| **Do you have any injuries that interfere with your ability to exercise?** |  |
| **Are you taking any medication?** |  |
| **Do you have any special dietary requirements?**  e.g. coeliac, vegetarian |  |
| **Please provide a brief outline of your life to date.**  Originally from, education, previous employment, family, friends: 150-200 words |  |
| **Mission Statement**  Why I want to take part in Operation Transformation |  |
| **What do you feel you need most help with?** |  |
| **What is something we wouldn’t know by looking at you?** |  |
| **Keep a 2 day food diary and make a note of everything you consumed over the 2 days.**  (e.g. list breakfast, lunch, dinners, all snacks, drinks for both days) | |
| **Day 1** | |
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| **Day 2** | |
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| **What is your current daily routine?**  (e.g. work, hobbies, social life) | |
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| **What are your biggest food** (e.g. chocolate, crisps) **and non-food** (e.g. smoking, alcohol) **vices?** | |
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| **Do you smoke? How many a day?** | |
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| **Do you drink alcohol? Outline your alcohol intake for a week?** | |
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| **Do you or have you ever struggled with any form of addiction?**  e.g. smoking, alcohol,drugs, gambling, food | |
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| **If so, have you ever received treatment?** | |
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| **What are your hobbies now? Have you given up any hobbies/sports in the past?** | |
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| **Is there a specific part(s) of your body that makes you feel most uncomfortable?** | |
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| **At what age were you at your heaviest weight?**  **What did you weigh?** | |
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| **At what age/stage were you happiest with your weight? What did you weigh?** | |
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| **Have you experienced a dramatic weight increase/ weight loss at any age?**  Why? | |
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| **Why do you think you are overweight?**  Eg. Poor diet, lack of exercise, pregnancy, accident, genetic | |
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| **Has your weight ever stopped you from doing anything?** | |
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| **Have you ever experienced an occasion where you have felt uncomfortable or embarrassed about your appearance?**  When and where? | |
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| **Do you have any situations you dread or fear because of your weight? Why?** | |
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| **Is there an ambition or dream you would put into action if you were at your ideal weight?** | |
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| **Ultimately, what do you hope to achieve at the end of Operation Transformation? What do you hope will change over the eight weeks?** | |
| **Why should you be chosen as an Operation Transformation leader?** | |
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PLEASE SIGN BELOW TO INDICATE THAT YOU AGREE TO THE TERMS AND CONDITIONS AND THAT THE INFORMATION PROVIDED IN THIS APPLICATION FORM IS CORRECT.

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| **Signature**  If you are returning this form electronically (I.E.- by email), please type your name. By doing so you are agreeing to the terms and Conditions. |  |
| **Print Name** |  |
| **Date** |  |

MANY THANKS FOR TAKING THE TIME TO APPLY

AND BEST OF LUCK!