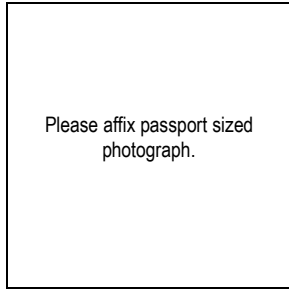


Audition Application Form



Dance, Musical Theatre and Dance Teacher Training Course (3 years)
Dance Teacher Training Course (2/3 years)

Tick as appropriate

Please complete in BLOCK CAPITALS.
 If any question requires extra space, please attach additional pages to this Application Form.

Surname / Family Name:

First Names in full:

Permanent Address:

.....

..... Postcode:

Tel: Mobile:

Email:

Date of Birth: Sex: Male/Female. Height: Weight:

Nationality: Ethnicity:

First Language: Languages Spoken:

Candidates whose first language is not English. Please state how long you have been studying English and your level of proficiency.

.....

PARENTS DETAILS

Fathers Name:

Address: (if different from above)

..... Postcode:

Tel Nos. Home: Occupation:

Mothers Name:

Address: (If different from above).....

..... Postcode:

Tel Nos. Home: Occupation:

EDUCATION DETAILS: Academic

Full Name(s) and Address(es) of schools attended from age 11.

.....

.....

.....

Please list below all school examinations including those yet to be taken within the current school year and those where results are pending.

Date	Name of examination (G.C.S.E., A-Level etc)	Subject	Grade (leave blank if exam is yet to be taken or you are awaiting results)	Date	Name of examination (G.C.S.E., A-Level etc)	Subject	Grade (leave blank if exam is yet to be taken or you are awaiting results).

Have you ever been assessed for any form of learning difficulty, for example dyslexia? Yes/No
 If yes, please give details below.

.....

.....

THE CENTRE

EDUCATION DETAILS: Performing/Dance

Full name, address and telephone number of current dancing/performing arts school/college.

.....

Name of dance teachers/performing arts teachers.

.....

Please detail below all performing arts and dance training that you have undertaken.

Subject e.g. Ballet/Singing etc	Examining Body e.g. ISTD.RAD etc	Level e.g. Grade 1/Inter	Grade/Mark awarded.	Date

Please give details of any previous or current performing/teaching experience.

.....

Do you play any musical instruments? Yes/No. If yes, which instrument and at what level?

.....

Do you have any vocal or choral experience? Yes/No. If yes, please give details.

.....

Do you have any special skills? e.g. acrobatics, juggling, Latin American dancing etc. If yes, please give details below.

.....

Please give details of any sport, leisure activities and hobbies that you participate in.

.....

Please provide a hand-written statement below detailing why you would like to enrol on a course at The Centre and what you hope to achieve. Please also state your future ambitions and what you hope to achieve after completing your chosen course.

.....

How did you hear about The Centre?

.....

THE CENTRE

MEDICAL QUESTIONNAIRE

Please complete in BLOCK CAPITALS with the assistance of your doctor.
This form MUST be returned with your Application Form.

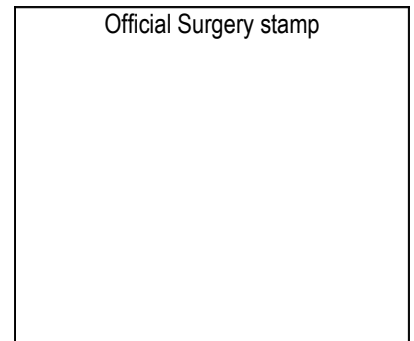
1. Full Name: Date of Birth:
2. Are you registered disabled? Yes/No, If yes please give details:
3. Please give details of any broken bones, joints or spinal injuries with dates and details of any treatment:
4. Please give details, (inc. dates) of any serious diseases, blood disorders or heart conditions, e.g. glandular fever, HIV
5. Please give details of any respiratory diseases or problems including Asthma:
6. Please give details of any record of hay fever, eczema, allergies or skin conditions:
7. Please give details of any eye, ear or throat problems:
8. Please give details of any history of migraine, blackouts or epilepsy:
9. Please give details of any surgery you have had:
10. Please give details of any history of depression, anxiety states, other nervous disorders or neurological conditions e.g Autism, Asperger Syndrome
11. Are you currently taking any medication or drugs? Yes/No. If yes, please state for what condition and the medication that you are taking:
12. If you have answered yes to question 11, is the medication prescribed by your doctor? Yes/No
13. Do you have any record of weight problems? Yes/No.
If yes, please give further details.....
14. Do you have Normal/Vegetarian/ Vegan Diet? Do you eat a balanced diet? Yes/No
Please tick which food groups you include in your diet.
Carbohydrates , Meat , Fish , Dairy , Fruit/Vegetables , Meat substitute e.g. Soya/tofu .
Do you suffer from any food intolerance? Yes/No If yes, please give details:
15. Do you smoke? Yes/No. If yes, how many per day?
16. Are there any other conditions not covered by the above questions that you feel may affect your training?

Doctor's Name:
Address:
Post code: Tel No:

This is to certify that the above named is a patient of mine and is fit and well.
He/she has no injury, illness or condition, medical or other, which should prevent him/her undertaking full-time dance training.
The information provided by the applicant in the above questions is correct.

Signed:

Date:



THE CENTRE

Are you able to meet the full cost of tuition fees? Y/N

If you are not able to meet the full cost of training how do you intend to pay tuition fees?

Career Development Loan (over 18 years only)
Other Please specify.....

As part of the contract between The Centre and the students Parent or Guardian one terms notice, in writing, is required for the withdrawal of the student from The Centre. Should this notice not be received and acknowledged the Parent or Guardian becomes libel to pay for the term following as well as the term during which the student is withdrawn.

DECLARATION

I confirm that, to the best of my knowledge, the information given on this application form and medical questionnaire is correct and complete.

Name:

Signature of applicant: Date:

I the parent/guardian of approve and give my consent to this application.

Name:

Signature: Date:

Please tick to make sure that you have included the following:

- Non-refundable Audition fee of £35.00 (Cheques made payable to 'The Centre')
- One passport sized photograph with your name on the back attached to the front of this application form.
- One full length photograph in dance wear.
- Medical questionnaire signed by you and your doctor.
- One written reference from your current academic school or college.
- One written reference from your current dance teacher.
- Completed the written statement detailing your course objectives and future ambitions.
- Both the applicant and the parent or guardian has signed the declaration above.

PLEASE ENSURE THAT YOU NOTIFY US IMMEDIATELY SHOULD THE CONTACT DETAILS CHANGE FOR YOU AND/OR YOUR PARENT/GUARDIAN

Please return to:
The Centre,
Building 62, Level 4,
37, Bowater Road,
Charlton
London.
SE18 5TF