

For Office Use

rec

cq

.....



please attach passport-size photograph here

APPLICATION FORM

PLEASE COMPLETE IN BLOCK CAPITALS

Foundation Course

I would like to apply for entry for September 20.....

Surname/ Family Name.....

First Names

D.o.B. DD / MM / YYYY

Address.....

Age.....

Street.....

Sex: Male / Female

Town.....

Height.....

County.....

Weight.....

Country.....

Postcode

Tel.....

Mobile.....

Email.....

Nationality.....

First Language..... Other Languages spoken.....

Father/Guardian details

Mother/Guardian details

Name.....

Name.....

Address.....

Address.....

.....

.....

.....

.....

.....

.....

Tel.....

Tel.....

Occupation.....

Occupation.....

Vocational Details:

Current Dance School.....

Principal/Head of Dance.....

Address.....

.....

.....

Tel.....

	Years Studied	Hrs per week	Syllabus (RAD, ISTD, etc)	Last Exam taken	Grade
Ballet
Jazz
Contemp.
Singing
Drama
Tap
Other
.....
.....

Performing experience :

.....
.....
.....
.....
.....
.....

Please detail any musical instruments you may play or specialist skills such as tumbling, juggling etc.

.....
.....
.....

Medical Declaration:

It is important in providing support for students that the medical section is an accurate declaration. Please enclose a copy of any supporting medical reports.

Do you suffer from any of the following?

Asthma Diabetes Epilepsy Eczema
Migraines Other please describe.....

.....

If yes to any of the above would you say that you are affected

Mildly
With a degree of regularity
Fairly Extremely

Do you have any allergic reactions? Yes / No

If yes please detail.....

.....

Please detail any medication which is prescribed by your GP or homeopath

.....

.....

Please detail any injury which required treatment from a physiotherapist, osteopath or any other practitioner and include their name and contact details:

.....

.....

.....

.....

.....

.....

Please detail any operations you have had in the last 5 years

.....
.....
.....

Name of Consultant and hospital

.....
.....

Have you had any of the following conditions in the past 3 years?

Glandular fever Hepatitis

Rheumatic fever Thyroid problems

Any relapses? Yes / No

GP / Doctor's details

.....
.....
.....
.....

Tel.....

*** please note this information is provisional; for enrolment a full medical report signed by your GP will be required**

The following information is required only for the purpose of governmental monitoring and in no way interferes with our selection process.

Which ethnic group do you feel you belong to?

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Asian - Bangladeshi | <input type="checkbox"/> Asian - Indian | <input type="checkbox"/> Asian - Pakistani | <input type="checkbox"/> Asian - Other |
| <input type="checkbox"/> Black - African | <input type="checkbox"/> Black- Caribbean | | <input type="checkbox"/> Black - Other |
| <input type="checkbox"/> Mixed - White/Asian | <input type="checkbox"/> Mixed - White/Black African | <input type="checkbox"/> Mixed - White/Black Caribbean | <input type="checkbox"/> Mixed - Other |
| <input type="checkbox"/> White - British | <input type="checkbox"/> White - Irish | | <input type="checkbox"/> White - Other |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Any other ethnic group (please specify)..... | | <input type="checkbox"/> rather not say |

Do you feel that you have a disability? And if yes, would you please indicate which:

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Visual | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Dyspraxia | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Other - please state | | |

Declaration:

"I confirm that, to the best of my knowledge, the information given is correct and complete."

Signature of Applicant.....

Date.....

If the applicant is under the age of 18

"I, the Parent or Guardian, approve and give my consent to this Application."

Signature

Date.....

Please return the completed Application Form and enclose the following:

- 1 £35 Non-refundable audition fee. Please make payment by cheque or postal order made payable to 'Millennium Directorate Ltd' *(please write YOUR NAME on the back of the cheque / postal order)*
- 2 Passport-size photograph *(please attach at front; please write YOUR NAME on the back of all photos)*
- 3 Full length photograph *(in dance clothing; please write YOUR NAME on the back of all photos)*
- 4 Reference from your current dance or theatre school

These should be sent to :

Karen Edwards - Foundation Course Director Millennium Performing Arts 29 Thomas Street Woolwich, London SE18 6HU

* ***please let us know of any changes to your details!*** - we recommend that you keep a copy of this form for your records.

☞ *Please note: insufficient postage will result in delayed processing of the application.*