



performers
college

***3 yr Musical Theatre or Dance Course**
***1 yr Foundation Course**

**Tick as applicable*

Application form

Audition fee...£35.00 (inc. VAT - non-refundable)

Please complete this form in BLOCK CAPITALS

Please note that the audition fee must be enclosed with this application, together with a **2 FULL LENGTH** photographs in dancewear (ie Girls in leotard and tights – Boys in jazz pants and vest top) **Photo 1** should show a standing, full side on view. **Photo 2** should be a full length, feet together, frontal view, plus **4 x HEAD & SHOULDERS** passport type photographs.

a) Surname _____		First Names _____	
Address _____		Telephone number: - Home _____	
		Work: - <i>Father</i> _____	Work: - <i>Mother</i> _____
		Mobile No _____	
		e-mail address _____	

b) Nationality.....	Country of Residence.....	Date of birth.....	Height.....
Year of entry; September 201.....	Age at commencement of course.....	N.I. Number.....	

c) Full Name of Parent/Guardian _____

Address (If different from above) _____

Fathers Occupation _____	Mothers Occupation _____
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d) Previous schools attended (General Education) _____

e) Academic qualifications passed or planned (Please indicate which and state G.C.S.E., 'A' Level or other)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

f) Name and full address of present dance school. _____	Name and full address of singing / drama teacher. _____
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Teachers e-mail address

g) Vocational examination details. If none, please state how long the subject has been studied if applicable.

	Last Exam taken	Examining body	Date Taken	Result
Ballet	_____	_____	_____	_____
Tap	_____	_____	_____	_____
Modern	_____	_____	_____	_____
Singing	_____	_____	_____	_____
Drama	_____	_____	_____	_____

h) This section not applicable to one-year Foundation Course applicants

Are you eligible to be considered for a LSC Dance & Drama Award (DaDA) YES / NO

If you are unsuccessful in obtaining an award, are you able to meet the full cost of tuition & maintenance? YES / NO

Continued over

i) Have you attended Summer School, Easter Event or Work Experience at Performers College? YES / NO
 If yes please state when: Summer School _____ Easter Event _____ Work Experience _____
 Have you previously auditioned for Performers College YES / NO If yes state year

j) We are required to monitor a variety of areas in the interests of widening access and participation within the college.

This section does not affect the selection process and is used purely for feedback purposes.
 Please tick the box which best describes your ethnic origin.

- | | | | | | |
|---|--------------------------|---|--------------------------|--|--------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> | <input type="checkbox"/> Other Black Background | <input type="checkbox"/> | <input type="checkbox"/> Other Asian Background | <input type="checkbox"/> |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> | <input type="checkbox"/> Asian Indian or Asian British Indian | <input type="checkbox"/> | <input type="checkbox"/> Mixed – White / Black Caribbean | <input type="checkbox"/> |
| <input type="checkbox"/> Other White Background | <input type="checkbox"/> | <input type="checkbox"/> Asian Pakistani or Asian British Pakistani | <input type="checkbox"/> | <input type="checkbox"/> Mixed – White / Black African | <input type="checkbox"/> |
| <input type="checkbox"/> Black Caribbean or Black British Caribbean | <input type="checkbox"/> | <input type="checkbox"/> Asian Bangladeshi or Asian British Bangladeshi | <input type="checkbox"/> | <input type="checkbox"/> Mixed – White / Asian | <input type="checkbox"/> |
| <input type="checkbox"/> Black African or Black British | <input type="checkbox"/> | <input type="checkbox"/> Chinese or Other Ethnic Background | <input type="checkbox"/> | <input type="checkbox"/> Other Mixed Background | <input type="checkbox"/> |
| <input type="checkbox"/> Other | <input type="checkbox"/> | <input type="checkbox"/> Not Declared | | | |

Disability – regarding health or disability please tick any box which best describes you best.
 The following questions are for data collection purposes only – they do not have any affect on your audition.

- | | | | | | |
|--|--------------------------|--|--------------------------|--|--------------------------|
| <input type="checkbox"/> No Known Disability | <input type="checkbox"/> | <input type="checkbox"/> Unseen Disability eg Diabetes, Epilepsy, Asthma | <input type="checkbox"/> | <input type="checkbox"/> Dyslexia / Dyspraxia | <input type="checkbox"/> |
| <input type="checkbox"/> Partially Sighted or Sight Impediment | <input type="checkbox"/> | <input type="checkbox"/> Deaf / Hearing Impediment | <input type="checkbox"/> | <input type="checkbox"/> Mobility Difficulties | <input type="checkbox"/> |
| <input type="checkbox"/> Mental Health Difficulties | <input type="checkbox"/> | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> | <input type="checkbox"/> Aspergers | <input type="checkbox"/> |
| <input type="checkbox"/> Anorexia | <input type="checkbox"/> | <input type="checkbox"/> Bulimia | <input type="checkbox"/> | <input type="checkbox"/> Any Disability Not Listed | <input type="checkbox"/> |

Please list any injury or serious illness.

(If your audition is successful, you will be expected to supply a full medical fitness report prior to registration)

Date _____	Illness _____
_____	_____
_____	_____
_____	_____

k) Personal Statement

If you have a Record of Achievement please attach a copy of your personal statement to this form.
 What is your career aim?

Why have you chosen to audition at Performers College?

Where did you hear about Performers College Please tick any relevant boxes

- | | | | | |
|--|---|---|---|---|
| <input type="checkbox"/> College Website | <input type="checkbox"/> Dancing Times | <input type="checkbox"/> Dance Expression | <input type="checkbox"/> ISTD Journal | <input type="checkbox"/> Stage & TV Today |
| <input type="checkbox"/> Ethnic Britain | <input type="checkbox"/> Student Recommendation | <input type="checkbox"/> Careers Adviser | <input type="checkbox"/> Teacher recommendation | <input type="checkbox"/> Open Day |
| Other (Please state) _____ | | | | |

Please list your performance experience (if any):

Signature of Parent / Guardian _____ Date _____
 I confirm that the above information is correct to the best of my knowledge.

Office use only

Audition Date _____