



Application Form

Performers Course – Level 6 Diploma in Professional Dance

Plus additional teaching modules DDE - YES/NO

Entry September _____

Audition Fee £40

Recent Headshot

Applicant Details:			
Full Name			
Date of Birth		Age	
Address			
Nationality		Passport/ID No.	
First Language		Second Language	
Mobile no.		Height	
Email			

Parent/Guardian Details:		
Full Name(s)		
Occupation(s)		
Address (if different from applicant's)		
Mobile		
Home Tel		
Email		

Injuries and Medical Declarations:	
Yes/No	
Have you had any injuries in your past training? If yes, please specify	<input type="checkbox"/> <input type="checkbox"/>
Do you currently take any medication? If yes, please give full details and reasons	<input type="checkbox"/> <input type="checkbox"/>

Accommodation:	
Yes/No	
Do you require accommodation?	<input type="checkbox"/> <input type="checkbox"/>
How did you hear about KS Dance?	
Dance Publications <input type="checkbox"/> Website <input type="checkbox"/> Social Media <input type="checkbox"/> Friend <input type="checkbox"/> Other <input type="checkbox"/>	

Personal Statement:
(A short statement saying why you are looking for a career in dance/ Performing Arts, what your career plans are and why you would like train at KS Dance)

Dance Training:	
Dance School Name	
Current level of training	
Teacher Name(s)	
Full School Address	
Contact Number	

Dance Teachers Report: (Applicable if offered a 2nd audition)	
(Dance teachers are asked to submit a report on this form and return to: KS Dance Ltd, Unit 9A, Centre 21, Bridge Lane, Woolston, Warrington WA1 4AW)	
Name of Student	
Date of Entry	
Signature	
Date	
Name and Position	
Report (Please use additional sheets if necessary)	

Equal Opportunities/Personal Details Form

The information on this form shall be kept on file for the purpose of us to monitor our equal Opportunities Policy. KS Dance are committed to the Data Protection Act of 1998.

Ethnic Background

White	British	
	Irish	
	Any Other White Background	
Mixed	White and Black Caribbean	
	White and Black African	
	White and Asian	
	Any Other mixed background	
Asian or Asian British	Indian	
	Pakistani	
	White and Asian	
	Any other Asian background	
Black or Black British	Caribbean	
	African	
	Any other black background	
Chinese		
Any other ethnic group		
What best describes your gender?	Male	
	Female	
	Prefer not to say	
	Self-describe:	
	Do you identify as 'Trans' ?	YES / NO
	Prefer not to say	

Additional Personal Details:

	Yes/No
Do you have any medical, health conditions or other additional needs? If yes, please specify.	<input type="checkbox"/> <input type="checkbox"/>

Completed Application Forms should be returned to:

Admissions

KS Dance

Unit 9A, Centre 21, Bridge Lane, Woolston, Warrington, WA1 4AW

Or by email to: admin@ksd-online.co.uk

Only completed applications will be processed.

Please make cheques payable to: KS Dance Ltd

Or BACS transfer:

Bank Account: NatWest, Account Name: KS Dance LTD, Account: 58811818, Sort Code: 01.09.17,
Iban:GB38NWBK01091758811818, BIC:NWBKGB2L

Check List	
All paperwork must be completed and received in advance for an audition to be offered.	
<input type="checkbox"/>	Application
<input type="checkbox"/>	Audition Fee (cheque or BAC Transfer)
<input type="checkbox"/>	Passport sized photograph/Headshot
<input type="checkbox"/>	Photocard size photographs 1. Standing with feet together & parallel arms naturally by sides. 2. Tendu a la seconde right or left foot, arms a la seconde. 3. 1 st Arabesque en l'air in profile.
<input type="checkbox"/>	Equal Opportunities/Personal Details Form
<input type="checkbox"/>	Additional Sheets (if any to be attached)

I give consent for my participation in the audition to be filmed for the purposes of decision making and review. (filmed material will not be copied or shared by any means)

Signature of Applicant _____

I declare that I, the student has filled out this application, and this application has been filled out honestly and correctly and all the appropriate paperwork is enclosed. I give my consent for the data on the form to be stored by the college for administration purposes.

Printed Name _____

Signature

Date _____