



APPLICATION FORM

(Please complete this form **clearly in BLOCK CAPITALS ONLY**)

N.B. A checklist is provided at the end of this application with all required enclosures to be sent back along with this form

▶ 3 Year Performing Arts Diploma Course

▶ Year of Entry Sept 20_____

▶ Preferred Audition Method a) Live b) Virtual

1 Personal Details:	
First Name(s):	Address:
Surname:	
Male/Female:	
Telephone No / Mobile:	
Email address:	
Date of birth:	Postcode:
Age at start of course:	Height:
	Nationality:
2 Family Details:	
<u>Full Name of Parents / Guardian:</u>	
Mother:	Father:
Occupation:	
Address:	
	Occupation:
	Address: <i>(if different from Mother)</i>
Mothers Tel. No:	Fathers Tel. No:

3 Educational Details:

Name of school attended:

Academic Qualifications (those passed and grade & those planned):

Name of present dance school / performing arts training:

Address:

Telephone number:

Email address:

Vocational examination details *(If none, please state how long the subject has been studied)*:

	Last Exam taken	Examining Body	Date Taken	Result
Ballet	_____	_____	_____	_____
Tap	_____	_____	_____	_____
Modern	_____	_____	_____	_____
Singing	_____	_____	_____	_____
Acting	_____	_____	_____	_____

Have you attended any events at Masters? (if so please list)

Source of financial support whilst attending the college:

4 Ethnic Origin:

This information is collated to enable us to provide statistical information on achievement rates and is only reported as aggregated data. All personal details will be treated as confidential under the Terms of the Data Protection Act. Please indicate below the description which best fits your ethnic group:

A White

British / UK
European
Any other white background

B Mixed

White & Black Caribbean
White & Black African
White & Asian
Any other mixed background

C Asian or Asian British

Indian
Pakistani
Chinese
Japanese
Any other Asian background

D Black or Black British

Black British / UK
Caribbean
African
Any other Black background

E Other Ethnic Groups

Any other Ethnic Groups

Disability:

Yes but not registered
Yes – Registration Number _____

No

If yes, please provide details _____

Health:

(Please note if your audition is successful you will be required to supply a full medical report prior to your start date)

Please list any serious medical conditions you have _____

5 Where did you hear about Masters:

What is your goal on completion of training:

List any performance experience:

(please feel free to write on an extra A4 sheet of paper if you do not have enough room for any of these questions)

6 Signature & return

Signed by _____ Date _____

Please fill in, sign, date and return this form along with the following checklist items to:

Head Administrator, Masters Performing Arts, 2 & 4 Totman Crescent, Brook Road Industrial Estate, Rayleigh, Essex, SS6 7UY

- 1) Application form
- 2) Photos (one full length photo in dancewear & 2 passport size headshots)
- 3) Written reference from dance/performing arts school

Office use only:

Course offered:	Audition Date:
AOI:	Audition Fee: