**A P P L I C A T I O N F O R M** ****

*(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):Surname:Male/Female:Telephone No / Mobile:Email address: | Address:Postcode: |
| Date of birth:Age at start of course: | Height:Nationality: |
| **2 Family Details:**Full Name of Parents / Guardian:Mother: Occupation: Address: Mothers Tel. No: | Father: Occupation:Address: *(if different from Mother)*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 B Mixed

 British / UK White & Black Caribbean

 European White & Black African

 Any other white background White & Asian

 Any other mixed background

C Asian or Asian British D Black or Black British

 Indian Black British / UK

 Pakistani Caribbean

 Chinese African

 Japanese Any other Black background

 Any other Asian background

E Other Ethnic Groups

 Any other Ethnic Groups

**Disability:**

 Yes but not registered No No

 Yes – Registration Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, please provide details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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, or, email direct to: auditions@mastersperformingarts.co.uk

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: |