

*Please affix
passport
photo here*



Office use only:	
Date received	
Payment method	
CAS Required	

Application Form

HND Professional Dance Performance 2019-20

Please complete this form using **BLOCK CAPITALS**

Family Name:	
Given Names:	
Date of Birth: (DD/MM/Year)	
Nationality: Please provide a copy of your passport	

Full Home Address:	
Previous Address: (if less than three years at current address on 1 st September 2019)	
Telephone (Home):	
Telephone (Mobile):	
Email:	

PARENT/GUARDIAN ADDRESS & CONTACT DETAILS			
1st Contact:		2nd Contact:	
Relationship to you		Relationship to you	
Address (if different from above)		Address (if different from above)	
Telephone (Home)		Telephone (Home)	
Telephone (Mobile)		Telephone (Mobile)	
Email		Email	

PREVIOUS BALLET TRAINING, EXAMINATIONS & EDUCATION			
Have you attended a Summer School at Ballet West?	Yes / No	Are you / have you been a Glasgow, Edinburgh or Dundee Associate?	Yes / No
Highest Ballet Exam achieved (date taken & result)			
Current Ballet Standard			
Other Dance Exams within last 3 years: (dates & results)			
Past Injuries - nature and date:			
Current Dance School and Teacher: (We require your consent to contact your Dance teacher - see below)			

What other dance disciplines have you studied: (Tap, Jazz, Contemporary etc.)	
Academic Qualifications achieved to date: (Please provide a copy of your certificates)	
Academic Qualifications being taken during Summer 2019: (Please list all exams to be taken with the expected grades)	
Please give details of any disability (including any unseen disabilities such as dyslexia)	

I certify that the above information is correct to the best of my knowledge. (Signed by a parent/guardian if the applicant is under 18 years of age)			
Signed:			
Printed Name:		Date:	

<u>General Data Protection Regulation - To be signed by Applicant</u>			
Privacy Notice for Applications: Academic Year 2019/2020			
Consent			
By signing below, you are confirming that you have received the above Privacy Notice and that you are consenting to Ballet West holding and processing your personal data for the purposes of your application.			
Contact Third parties - Please tick if Consent given			
<input type="checkbox"/> I consent to Ballet West contacting my Dance School and Teacher for a reference.			
Signed (Applicant):			
Printed Name (Applicant):		Date:	

Please submit this form with:

a) Photographs of yourself in following positions:

1. Demi plié in 1st position with arms in 2nd
2. Tendu devant effacé (open position) with arms in 4th
3. Tendu a la seconde a terre en face with arms in 2nd
4. 1st arabesque en l'air de côté (facing side)
5. A la seconde en l'air

Girls: Leotard, pink tights, soft ballet shoes. Hair groomed in a bun.

Boys: Leotard/Fitted T-shirt, black tights, soft ballet shoes.

b) The audition fee of £40 by cheque or bank transfer:

Bank details: Clydesdale Bank, Argyll Square, Oban
Account name: Ballet West
Account number: 40121276
Sort Code: 82-67-04
Reference: (name) Audition

c) A copy of your passport

d) A copy of academic exam certificates

e) Ballet West auditions applicants at a mutually convenient time. Please provide a note of the dates you would like to audition

Dates you would prefer to attend an audition - (Monday to Fridays only)	1st choice	
	2nd choice	

Please post to: **Ballet West Admissions,
Ichrachan House,
Taynuilt,
Argyll
PA35 1HP**

Or email all your documents to Heather Hardstaff at admissions@balletwest.ac.uk
Telephone 01866 822641 (option 1)