APPLICATION FORM

PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS & INCLUDE £30 AUDITION FEE

PERSONAL DETAILS					
Full Name:	Date of Birth:	Attach			
Address:		passport sized photograph here			
Telephone No: Mobile No:	Email:				
Height:	Weight:				
Nationality:	Ethnic Group:				
Which course are you applying for? (Please tick	k appropriate box)				
3 Year Professional Dancers & Teachers of Dance Course (Full Time, age 16+)					
3 Year Professional Dancers Course (Part/Full					
2/3 Year Teacher Training Course (Part/Full T					
1 Year Foundation Course (Part/Full Time, ago					
ElliTe Studios does not discriminate against applicants on illnesses, injuries, physical disabilities, learning difficulties your audition and adapt our courses accordingly should yo	s and special needs will help us to arrange to				
Have you suffered from any illness/injury in th	• • •	-			
Do you have any physical disability (i.e. sight, he provide details:					
Do you have any learning disabilities / difficult ADHD, Asperger's Syndrome or autism)? Yes/		axia, ADD,			
Preferred audition date (it may not always be p Thursday 27 th Jan 2017 Thursday 24 th Feb 2017 May 2017 Thursday 22 nd Jun 2017	oossible to grant you your preferred	date): lay 25 th			

FINAL DEADLINE FOR APPLICATIONS 1ST JUNE

OUALIFICATIONS AND EXPERIENCE

Current Dance School:			Academic School Attended:			
Name of Principal/Teacher:			Contact name (for reference purposes):			
Address:			Address:			
VOCATIONAL TRAINING:		ACADEMIC OUALIFICATIONS: (taken/to be taken and grades achieved/predicted, including GCSE, AS,				
Subject	Years studied	Highest exam	Awarding Body	A-level, NVQ, BTEC, Degree etc):		
Ballet				Qualification	Subject	Result
Modern						
Тар						
Jazz						
Contemporary						
Drama						
Singing						
Other						
Other Performance Experience						
Please list belo	ow any oth	er informati	on that you th	ink may be releva	ant to your ap	plication:
						-
 No correspond Whilst the gracept responsible 	dence can be eatest of care bility for any	entered into w is taken over t injury or illnes	oith unsuccessful he safety of all ca s sustained during	ns and auditions: candidates and the Di ndidates throughout t g or after the audition the grounds of sex, d	he audition proce	ess, we cannot
Applicant's signature:				Date:		
Signature of P	Parent/Gua	rdian (if un	der 18):		Date:	•••••

PLEASE RETURN COMPLETED FORM TO ELLITE STUDIOS PERFORMING ARTS COLLEGE, THE DANCER, 8 PETERSON ROAD, WAKEFIELD, WF1 4EB