

**FOUNDATION COURSE**  
**APPLICATION FORM**

First names:

Surname:

Home Address:

Phone number:

Mother:

Father:

Email address:

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Nationality:

Country of residence:

Date of birth:

Height:

Name & address of current Dance School/ Musical Theatre Training:

## Experience

(Please state if studied, how many years/ level of each discipline studied))

Ballet:

Modern/ Jazz:

Hip hop:

Tap:

Singing:

Acting:

**Health** *(please select any that apply to you (this information is for monitoring purposes only and does not affect our audition process):*

- |  |  |
|--|--|
| <input type="checkbox"/> No known disability                   | <input type="checkbox"/> Dyslexia / Dyspraxia                      |
| <input type="checkbox"/> Partially sighted or sight impediment | <input type="checkbox"/> Mobility issues                           |
| <input type="checkbox"/> Eating disorder e.g. anorexia/bulimia | <input type="checkbox"/> Unseen disabilities e.g. diabetes, asthma |
| <input type="checkbox"/> Learning disability                   | <input type="checkbox"/> Mental health issues                      |
| <input type="checkbox"/> Hearing impairment                    | <input type="checkbox"/> Any Disability not listed:                |
| <input type="checkbox"/> Medical condition                     |  |

Please list any injury or serious illness:

What do you hope to achieve from our foundation course?

What are your career objective and aims?