

REGISTRATION AND AUDITION FORM
Please use block capitals throughout.



Surname:

Forenames:

Age: years

Date of Birth (dd / mm / yyyy)/...../.....

Address.....

.....

.....

Postcode

Telephone numbers (please indicate whose number)

Home:

Mobile:

Mobile:

E-mail addresses (please indicate whose if not obvious)

.....

.....

.....

Nationality

Weight

.....

Height (height (ft and inches) in stockinged feet)

.....

Parents' Details:

Name 1:

Title: Mr / Miss / Mrs / Ms / Dr

Height (ft and inches)

Occupation:

Address:

.....

.....

Postcode:

Name 2:

Title: Mr / Miss / Mrs / Ms / Dr

Height (ft and inches):

Occupation:

Address (if different)

.....

.....

Postcode:

Present Dance School:

Address:

Postcode:

Principal:

Details of examinations taken (if none state length of time subject studied if applicable)				
Subject	Examining Board	Last Exam Passed	Date	Result
Ballet				
Modern				
Tap				
National				
Drama				
Singing				

Please give details of any professional theatre or television productions in which you have been involved.	
Experience:	
Date:	
Experience:	
Date:	

Have you attended an audition at Elmhurst before? Yes / No If so when:

Names and address of current educational school, with dates:

Principal/Head Teacher's name:

If Accepted

- a) Are you able to meet the full cost of tuition fees and maintenance? Yes / No
- b) Do you require a day or boarding place? Day / Boarding

Signature of parent:

Date:

An audition registration fee of £40 is payable and must be enclosed with the completed application form together with photographs (see photo charts). The School regrets that the audition registration fee and the photographs are not returnable. WE REGRET THAT NO CORRESPONDENCE CAN BE ENTERED INTO REGARDING UNSUCCESSFUL AUDITIONS.

QUESTIONNAIRE 1:



Name:

Date of birth (dd / mm / yyyy)/...../.....

Section 1 – Prior Training

Which of the following disciplines have you already studied?

Discipline	Number of classes per week	Number of years of study
Classical ballet		
Jazz dance		
Contemporary Dance		
Character / National Dance		
Other Dance Forms (if so what)		
Singing		
Drama		
Examination Syllabus	RAD / ISTDF / BBO etc.	
Ballet		
Modern		
Tap		
Other		

Section 2 – Injuries

Have you sustained any injuries during your previous training? Yes / No

If yes, please give details of the injury/ies, including details of any treatment and dates:

.....
If necessary, please use additional space at the end of this questionnaire.

If you have already, or if you plan audition for any other vocational school / college, please indicate below, including dates. Please indicate if you have been offered a definite place at any other school already.

Please tick any of the following you have been treated for:

Asthma

Diabetes

Epilepsy

Impaired hearing

Impaired sight

Heart conditions

Circulatory conditions

Migraines

Nervous conditions (including depression etc.)

Eating disorders

Mental Health concerns

Food Allergies

Other Allergies

If you have ticked any of the above please give any further information you feel we should have:

.....
Please state whether you have any learning difficulties e.g. dyspraxia, dyslexia:

Do you have any special needs or requirements regarding access for your audition?
.....

Please indicate below if there are any other circumstances that you may wish us to take into consideration

EQUAL OPPORTUNITIES MONITORING FORM

Completion of this form helps us monitor the effectiveness of our Equality and Diversity Policy.

This data is used for statistical purposes only.

Please write clearly in black ink block capitals or type.



Personal Details:

Surname:

Year Group applied for:

Forename:

Nationality:

Date of Birth (dd / mm / yyyy)/...../.....

Gender:

Age:

.....

Please tick the boxes that you feel most comfortable with. If you do not feel any are appropriate, please tick 'other' and describe in your own words.

White

Other

- British
- Irish
- Other

Black, Black British, Black Scottish or Black Welsh

- Caribbean
- African
- Other

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Other

Chinese, Chinese British, Chinese Scottish, Chinese Welsh

- Chinese
- Other

Asian, Asian British, Asian Scottish or Asian Welsh

- Indian
- Pakistani
- Bangladeshi

Any other Ethnic Group:

Do not wish to declare:

Disability and Mental Health

Do you consider yourself to have a sensory, learning or physical disability? Yes / No

Do you consider yourself to have a disability related to your mental health? Yes / No

Have you used mental health services? Yes / No

Religion and Belief

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

Do not wish to answer

Other religion / belief

If you have ticked Christian please give denomination

CHECKLIST

Use the checklist below and return with your application to:

The Registrar,
Elmhurst Ballet School
249 Bristol Road
Edgbaston
Birmingham
B5 7UH

Please note an audition date will not be allocated unless all relevant completed application forms are submitted.

Name of applicant

Enclosed:

Registration / Audition form

Photographs

Questionnaire

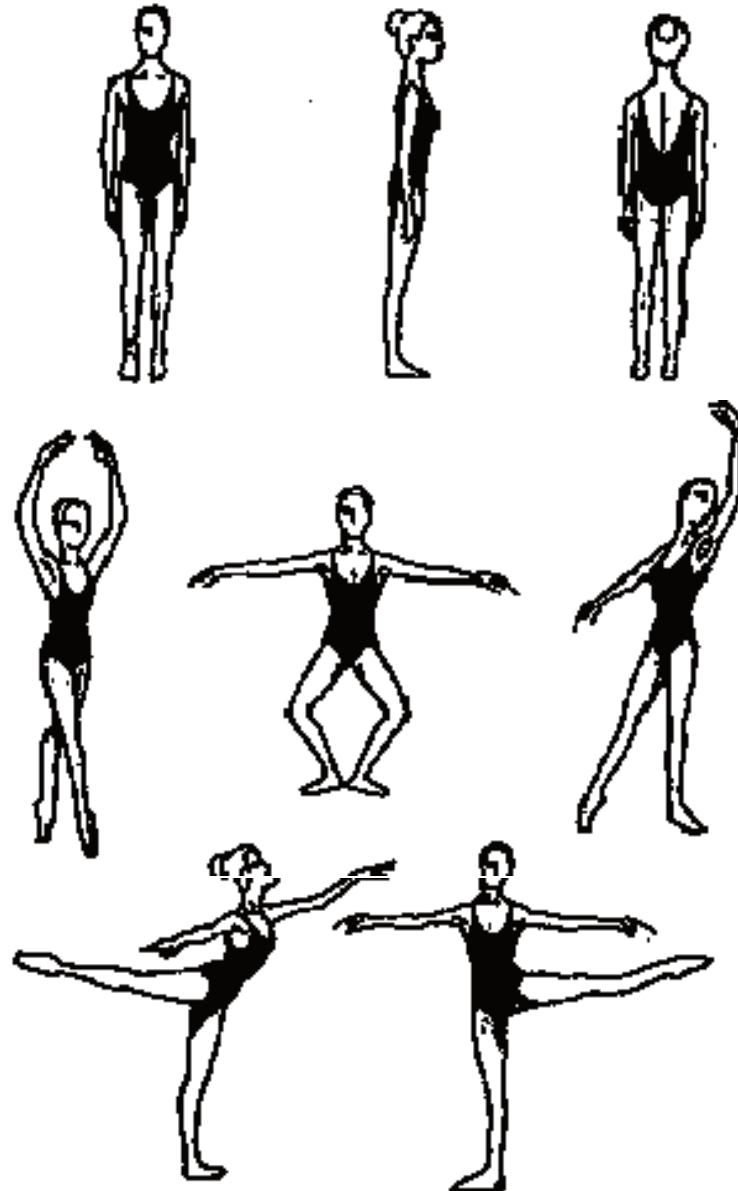
Registration / Audition fee; cheque payable to 'Elmhurst Ballet School Trust' (£40)

Equal Opportunities Monitoring Form.

AUDITION PHOTOGRAPHS

The following audition photographs are required from all students; please wear practice clothes and bare feet, unless otherwise indicated.

Female Students



Male Students

