

Thank you for applying to **Addict Dance Academy**. Please complete all sections of this form and select **SUBMIT** when you are finished.

PLEASE SELECT THE COURSE YOU WISH TO APPLY FOR

BTEC FIRST DIPLOMA IN PERFORMING ARTS (DANCE) (LEVEL 2)

BTEC EXTENDED DIPLOMA IN PERFORMING ARTS (DANCE) (LEVEL 3)

HIGHER NATIONAL DIPLOMA IN PERFORMING ARTS (DANCE)

PERSONAL DETAILS

SURNAME/FAMILY NAME

FORENAME

TITLE

MR

MRS

MISS

MS

OTHER

DATE OF BIRTH

DAY

MONTH

YEAR

NATIONAL INSURANCE NUMBER

PERMANENT ADDRESS

House Number

First Line

Second Line

City

Postcode

TERM TIME ADDRESS
(if different)

House Number

First Line

Second Line

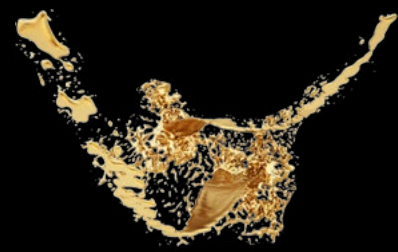
City

Postcode

HOME TELEPHONE

MOBILE TELEPHONE

EMAIL ADDRESS



ETHNICITY - I would describe my ethnic origin as:

WHITE

ENGLISH/SCOTTISH/WELSH/
NORTHERN IRISH/BRITISH

IRISH

GYPSY OR IRISH TRAVELLER

OTHER WHITE BACKGROUND

ASIAN

INDIAN

PAKISTANI

BANGLADESHI

CHINESE

OTHER MIXED BACKGROUND

MIXED/MULTIPLE ETHNIC GROUP

WHITE AND BLACK CARIBBEAN

WHITE AND BLACK AFRICAN

WHITE AND ASIAN

OTHER MIXED BACKGROUND

BLACK/AFRICAN/CARIBBEAN/BLACK BRITISH

AFRICAN

CARIBBEAN

OTHER BLACK/AFRICAN/CARIBBEAN BACKGROUND

OTHER

ARAB

ANY OTHER ETHNIC BACKGROUND

UNKNOWN/NOT PROVIDED

APPLICANT'S DECLARATION - I declare to the best of my knowledge that the information contained on this application form is correct to the best of my knowledge.

SIGNED.....

DATE (DD/MM/YYYY).....

DISABILITY OR LEARNING DIFFICULTIES

DISABILITY

NONE

MULTIPLE DISABILITIES

BLIND OR VISUALLY IMPAIRED (little or no sight)

DEAF OR HEARING IMPAIRED (use a hearing aid or sign language)

DISABILITY AFFECTING MOBILITY (e.g. wheelchair user)

OTHER PHYSICAL DISABILITY

OTHER MEDICAL CONDITION (e.g. epilepsy, asthma, diabetes)

EMOTIONAL/BEHAVIORAL DIFFICULTIES

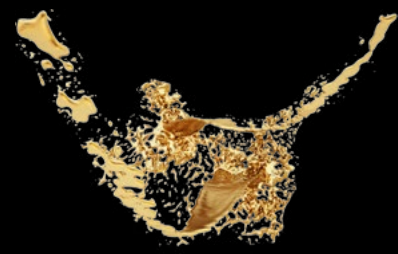
MENTAL HEALTH DIFFICULTY (*please state*)

TEMPORARY DISABILITY OR ILLNESS (e.g. accident)

PROFOUND COMPLEX DIFFICULTY

ASPERGERS SYNDROME

OTHER (*please state*)



LEARNING DIFFICULTY

NONE

MULTIPLE LEARNING DIFFICULTIES

MODERATE LEARNING DIFFICULTY

SERVERE LEARNING DIFFICULTY

DYSLEXIA (difficulty with words)

DYSCALCULIA (difficulty with numbers)

AUTISM SPECRTUM DISORDER

OTHER SPECIFIC LEARNING DIFFICULTY *(please state)*

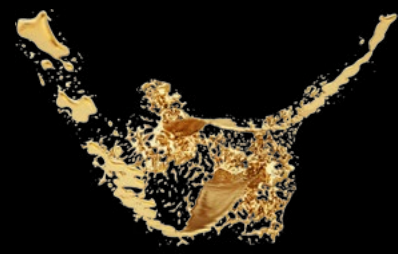
DO YOU NEED ANY SUPPORT AT INTERVIEW STAGE?

YES NO

If YES please give details

DO YOU HAVE A STATEMENT OF SPECIAL EDUCATION NEEDS?

YES NO



ADDITIONAL DETAILS

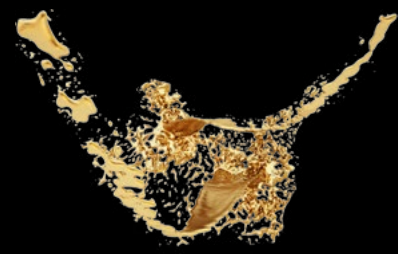
**DO YOU HAVE ANY UNSPENT CRIMINAL
CONVICTIONS, INCLUDING INTENSIVE
SUPERVISION AND SURVEILLANCE PROGRAMME
(ISSP) OR DRUG TREATMENT AND TESTING
ORDER (DTTO)?**

YES NO

**PLEASE GIVE THE NAME OF THE LAST SCHOOL OR COLLEGE YOU
ATTENDED OR ARE STILL ATTENDING**

NAME OF EMERGENCY CONTACT

TELEPHONE NUMBER OF EMERGENCY CONTACT



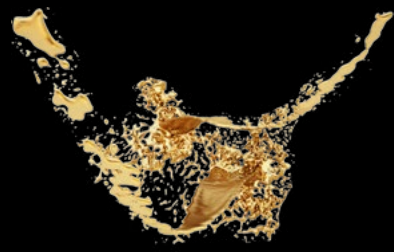
PERSONAL STATEMENT

Please complete the following questions:

WHY DO YOU WANT TO STUDY THIS COURSE?

HOW DO YOU THINK THIS COURSE WILL HELP YOU IN YOUR FUTURE PLANS OF EMPLOYMENT/EDUCATION?

DO YOU HAVE ANY PERFORMANCE EXPERIENCE?



QUALIFICATIONS ALREADY GAINED

EXAMINING BOARD e.g. Edexcel	SUBJECT e.g. Maths	LEVEL e.g. G.C.S.E	GRADE ACHIEVED	DATE TAKEN	LENGTH OF STUDY

HOW/WHERE DID YOU HEAR ABOUT ADDICT DANCE ACADEMY?

THANK YOU. YOUR APPLICATION FORM IS NOW COMPLETED.
PLEASE **SAVE & RETURN** THE COMPLETED APPLICATION FORM TO
INFO@ADDICTDANCEACADEMY.CO.UK