



APPLICATION FORM

Please complete in **BLOCK CAPITALS**.
If any question requires extra space, please attach additional pages to this Application Form, with your name and relevant question number.

Please affix a passport sized photograph

THE FORM MUST BE COMPLETED BY THE APPLICANT WITH ALL SECTIONS ANSWERED.

A. GENERAL

1. Please tick the programme for which you are applying:

- BA (Hons) Theatre Dance (3 years)
- Foundation degree Arts Dance Performance (2 years)*
- BA (Hons) Performance (1 year Top-up)*

** These 2 courses are normally taken in sequence, offering 3 years of training.*

2. London Studio Centre Diploma (3 years) †

3. Please tick this box if you wish to follow the Classical Route

4. One Year Professional Diploma †

- Classical Ballet
 - Contemporary Dance
 - Jazz Theatre Dance
 - Music Theatre
- († not eligible for UK/EU funding)

Personal details: (Full legal name, as on your passport)

5. Surname / Family name:

6. First Names in full:

7. Permanent Address: 7a. Correspondence Address:

.....

.....

Postcode

Postcode

Tel No

Tel No

Mobile No

Mobile No

E-mail: (Please ensure this is legible, as we may need to contact you this way)

8. Date of Birth: Sex: Male / Female 9. Height in metres: Weight in kilos:

10. Nationality (as shown on your passport): 11. Ethnicity:

12. Country of Permanent Residence (domicile)

13. First Language:

14. Other Languages: Spoken Written

15. Have you auditioned for London Studio Centre before? YES/NO If Yes, what year? Were you accepted? YES/NO

16. Please state any date on which you are unable to attend for an audition

17. How did you hear about London Studio Centre?

18. Contact details of Parents / Guardians

Father / Guardian

Mother / Guardian

Name

Name

Address

Address

..... Postcode

..... Postcode

Tel No

Tel No

Mobile

Mobile

E-mail

E-mail

Occupation

Occupation

FOR OFFICE USE ONLY

Student No

Audition Fee

Audit. Date

Personal Statement

Medical Forms

Photos

References



MEDICAL QUESTIONNAIRE

Please complete, if necessary with the assistance of your doctor.
This form **MUST** be returned with your Application Form.

1. Full Name:
2. Date of Birth:
3. Height in metres Weight in kilos
4. Do you consider yourself to be disabled according to the Disability Discrimination Act 2005?
If yes, please give details.
.....
.....
5. Please describe any record of broken bones, joints or spinal injuries with dates and details of treatment
.....
.....
6. Please describe, giving dates, any record of serious diseases, blood disorders or heart conditions,
e.g. polio, glandular fever, diabetes etc
.....
.....
7. Please describe any record of hay fever, eczema, allergies or skin conditions
.....
.....
8. Please describe any record of eye, ear or throat (e.g. nodules) problems
.....
.....
9. Please describe any serious operations you have had
.....
.....
10. Have you any history of migraine, blackouts, epilepsy or asthma? If so, please state with relevant dates
.....
.....

(Continued overleaf)

11. Have you any history of depression, anxiety states or other nervous disorders? If so, please state with relevant dates

.....
.....

12. Are you currently taking any medication or drugs? If so, please state for what condition and the drugs that you are taking

.....
.....

13. If yes to question 12, is the medication prescribed by your doctor?

14. Do you have any record of weight problems? If so, please describe with relevant dates

.....
.....

15. Please state your current BMI

16. Female students only:

a) Are your periods regular?

b) Have you had any interruption in your periods of over 3 months? If yes, when did this occur?

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17. Are there any other relevant medical details not covered by this questionnaire?

.....
.....

I declare that, to the best of my knowledge, the information given in this Medical Form is complete and correct.

I hereby authorise the London Studio Centre to release details as shown on my medical questionnaire form to the relevant medical insurance company as required.

Signed by the Applicant Date

If applicant is under the age of 18:

FATHER / MOTHER / GUARDIAN'S NAME (PLEASE PRINT)

Signature Date

If you are offered a place, this Questionnaire will be returned to you for your present doctor to complete.

Doctor's Name:

Address:

.....

..... Tel. No

This is to certify that the above-named is a patient of mine and he / she is fit and well. He / she has no injury illness or medical condition which should prevent him / her undertaking full-time dance training.

The information provided by the applicant is correct.

Signed:

Date:



DECLARATION

I confirm that I, the applicant, have completed this form to the best of my knowledge and the information given is correct.

Signature of Applicant: Date:

If the Applicant is under the age of 18:

I, the Parent or Guardian, approve and give my consent to this Application.

Signature: Date:

Completed Application Forms and Enclosures should be sent to:

**Admissions
London Studio Centre
42 - 50 York Way
London N1 9AB**

Only fully completed Application Forms will be processed

Please tick to ensure you have included:

- 1. Non-refundable Audition Fee of £40
(cheques made payable to: London Studio Centre. **Please do not send cash**)
- 2. One passport-sized photograph, attached to the front of this form, plus one full length photograph in **dance wear** with your name on the back.
- 3. The Medical Questionnaire signed by you.
- 4. One **written** reference from your current school/college.
- 5. One **written** reference from your current dance teacher.
- 6. One **hand-written** aims and objectives.

Please do not include any other certification at this time.

NB: Please ensure that you inform London Studio Centre immediately of any change to either your address or your Parents'/Guardians' address.

**London Studio Centre cannot accept Travellers' Cheques or Eurocheques.
Sterling Cheques must be drawn on a UK bank.**