

# NORTHERN BALLET SCHOOL

Northern Ballet School is a non profit making company limited by guarantee and registered in England number 3133609

## APPLICATION FORM

NBS 1

To be completed by all applicants for full-time training courses.  
(Please complete using BLOCK CAPITALS)

Name of Applicant .....

Home Address .....

.....

..... Tel.No .....

Date of Birth .....

Height ..... Weight .....

### GENERAL EDUCATION

School(s) attended .....

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.....

Further Education Establishments attended .....

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.....

Examinations Passed .....

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Examinations to be taken .....

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### FEES

Tuition fees for full-time students of professional dancers and dance teaching courses for the school year beginning:

Autumn 2010 are **£10,530.00** per annum and are payable termly in advance. (09/10 fee scale)

Applications should be accompanied by a **£35.00** audition fee, a full length recent photograph in leotard or swimming costume and a certificate of general health.

### DANCE EDUCATION

Dance Examinations Passed (Please state examining body)

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Name and address of present dance teacher (if applicable)

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Has the above been informed of this application? Yes / No\*

### ADDITIONAL FOR OVERSEAS STUDENTS



Applications from overseas applicants not attending audition must be accompanied by postcard size photographs of the applicant wearing a plain leotard in the positions indicated. A VHS format video of the applicant may also be submitted if available.

This Application is for admission at Autumn / Spring / Summer\* term 20.....

\* Delete as applicable

Date of application .....

Please return this completed form together with fee and other documents requested to:

THE REGISTRAR  
NORTHERN BALLET SCHOOL  
The Dancehouse, 10 Oxford Road, Manchester M1 5QA  
Telephone 0161 237 1406 Fax 0161 237 1408

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PLEASE ASK YOUR CURRENT G.P. TO COMPLETE THE FOLLOWING CERTIFICATE.

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RE: .....

Date of Birth .....

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

## ADDITIONAL COMMENTS

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Signed ..... Date .....

Doctors Name .....

Address .....

.....

.....

Tel No: .....

Official Stamp:

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NORTHERN BALLET SCHOOL  
The Dancehouse, 10 Oxford Road, Manchester M1 5QA  
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**REQUEST FOR PERSONAL DETAILS OF APPLICANT FOR A PLACE  
AT  
NORTHERN BALLET SCHOOL**

Northern Ballet School has a commitment to optimize accessibility to its 3 year full time Professional Dance Training Course.

Applications are invited from potential students from all backgrounds, especially those from minority ethnic communities, the financially disadvantaged and those with physical and mental (learning) disabilities, who might otherwise feel reluctant to apply. In order to promote the effectiveness of this policy and to monitor it's success, it is important for the school to gather as much detailed information as possible about candidates, especially about those who wish to be considered for financial support from the Learning and Skills Council operated Dance and Drama Awards Scheme, under which the school is a designated Provider of dance training.

Every applicant is invited to attend NBS for audition and interview and the detailed information we seek is requested now, so that we have as comprehensive a profile as possible of each from the outset.

Information you provide with regard to your gender, ethnicity or disability will in no way prejudice the outcome of your application, which will be determined only by your dance ability/potential, as assessed at your audition and interview, in the context of the limited number of places available.

All details received will be kept in confidence, in accordance with the requirements of the Data Protection Act 1998, and will be available only to the Principal, Registrar and the Administrator initially and to your Course Tutors, should you be offered and accept a place on the course. The information in statistical form only (unconnected to you by name) will be made available to officers of government departments charged with the equitable distribution of public funds allocated for professional dance training.

Please complete the information regarding your personal identity of this page and then tick the boxes which you consider appropriate on the reverse of the page.

Thank you and good luck with your application.

Patricia McDonald FRAD, ARAD, LISTD  
Principal

SURNAME ..... FIRST NAME(S).....

D.O.B. .... NATIONAL INSURANCE NO. ....

ADDRESS .....

.....

SIGNATURE ..... DATE .....

<b>A WHITE</b>	<b>B MIXED</b>	<b>C ASIAN OR ASIAN BRITISH</b>	<b>D BLACK OR BLACK BRITISH</b>	<b>E CHINESE</b>	<b>F ANY OTHER ETHNIC GROUP</b>
British Irish Any other White Background	White and Black Caribbean White and Black African White and Asian Any other Mixed Background	Indian Pakistani Bangladeshi Any other Asian Background	Caribbean African Any other Black Background		Please write in

<b>HEARING DISABILITY</b>	<b>DYSLEXIA/ DYSPRAXIA</b>	<b>VISUAL DISABILITY</b>	<b>LEARNING DISABILITY</b>	<b>PHYSICAL DISABILITY</b>	<b>HIDDEN (EG ASTHMA, EPILEPSY, STATE WHICH)</b>	<b>OTHER State which</b>