

## Application Form NBS 1

To be completed by all applicants for full-time training courses.

(Please complete using BLOCK CAPITALS)

### APPLICANTS DETAILS

Name of applicant .....

Home address .....

.....

Town/City .....

Postcode ..... Country .....

Tel No(s) .....

Email address .....

Date of birth .....

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

Nationality .....

If resident at present address for less than 3 years at date of application please state address and country of previous residence.

Address .....

.....

Country .....

### FEES

Tuition fees for full-time students for the school year beginning Autumn 2017 are £13,260.00 (UK Students), £13,800.00 (Non UK Students) and are payable termly in advance.

#### All applications must be accompanied by:

- A £45.00 audition fee.
- Head and shoulders and full length recent photographs in plain leotard or practice wear.
- A recent certificate of general health signed by a registered medical practitioner.
- Overseas applicants not attending a live audition must submit a DVD by post or email.

### GENERAL EDUCATION

School(s) attended .....

.....

Further education establishments attended .....

.....

Recent general examinations passed .....

.....

Examinations about to be taken (with expected grades if known)

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### DANCE EDUCATION/TRAINING

Dance examinations passed (Please state examining body)

.....

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.....

Name and address of present dance teacher (if applicable)

.....

.....

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

**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  
 T.+44 (0)161 237 1406 E.+44 (0)161 237 1408 E.enquiries@northernballschool.co.uk

## G.P. Certificate

Please ask your current G.P. to complete the following certificate.

*(Please complete using BLOCK CAPITALS)*

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

.....  
.....  
.....  
.....  
.....

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

Doctors name .....

Address .....

.....  
.....

Tel No: .....

Official Stamp:

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T.+44 (0)161 237 1406 F.+44 (0)161 237 1408 E.enquiries@northernballschool.co.uk

## Request for Personal Details

Northern Ballet School has a commitment to optimise accessibility to its three 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 below and then tick the boxes which you consider appropriate on the following page.

Thank you and good luck with your application.  
Patricia McDonald FRAD, ARAD, LISTD - Principal

Surname ..... First name(s) .....

Date of birth ..... National insurance no. ....

Address .....

.....

Signature ..... Date .....

## Request for Personal Details

Please state your ethnic background, tick the appropriate box.

### WHITE

- British
  Irish
  Any other White background

### MIXED RACE

- White & Black Caribbean
  White & Black African
  White & Asian
  Any other Mixed Race background

### ASIAN OR ASIAN BRITISH

- Indian
  Pakistani
  Bangladeshi
  Any other Asian background

### BLACK OR BLACK BRITISH

- Caribbean
  African
  Any other Black background

### CHINESE

- Chinese

### ANY OTHER ETHNIC GROUP

Please state .....

.....

Please state any disabilities, tick the appropriate box.

- Hearing disability
  Dyslexia/ Dyspraxia
  Visual disability
  Learning disability

- Physical disability
  Hidden (Eg Asthma, Epilepsy)
 Please state which .....
- .....

Other disability, please state which .....

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