

Application Form

Please complete the form using BLOCK CAPITALS
return it to: johan@edinburghfestivalballet.com or
mail it to:

Edinburgh Festival Ballet School
St. Stephen's Theatre, 105 St. Stephen Street
Edinburgh EH3 5AB

| |
|---|
| For office use only Date Received: / / |
|---|

| |
|------------------------|
| Name of Dance Teacher: |
| |

STUDENT DETAILS

| | |
|----------------|--|
| Title: | |
| First Name: | |
| Surname: | |
| Age: | |
| Date of Birth: | |
| Address: | |
| Postcode: | |

| | |
|--------------------------------|--|
| Telephone Nos. (home & mobile) | |
| Landline: | |
| Mobile: | |
| Email: | |
| Height: | |
| Nationality: | |
| First Language: | |
| Second Language: | |

| | |
|-----------------------|--|
| Student Signature: | |
| Date: | |

DANCE TRAINING

| |
|---|
| Examinations passed (please state examining body) |
| |
| |
| |
| |

Please select the course you are applying for

| |
|--|
| HNC/HND Professional Dance Performance |
| Peter Schaufuss Diploma |

PARENTS DETAILS

| | |
|----------------|--|
| Father's Name: | |
| Address: | |
| Postcode: | |
| Mother's Name: | |
| Address: | |
| Postcode: | |

Parent's Signature (if student is under 18 years of age)

| | |
|-------|--|
| | |
| Date: | |

| |
|--|
| Firmly attach a small recent Head-shot, passport-sized photograph here or as an attachment |
|--|

Your FULL NAME AGAIN, PLEASE:

CONFIDENTIAL

Student Health Information

Please detail any health issues that might affect your safe participation in any of our (EFBS) activities. Please remember that ballet/dance training is a strenuous physical activity and requires a good level of fitness. Please also detail any current or past injuries as well as any allergies of which you are aware.

INJURIES & HEALTH ISSUES

| | | | | |
|---|--------------------------|-----|--------------------------|----|
| Have you had any injury during your previous training? <i>If so, please give details, and use a separate sheet if you need to do so.</i> | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| | | | | |
| Do you have any current injuries: <i>If so, please give details, and use a separate sheet if you need to do so.</i> | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| | | | | |
| Do you suffer from any allergies? <i>If so, please give details.</i> | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| | | | | |
| Do you suffer from an Eating Disorder, either now, or in the past? <i>If so, please give details, and use a separate sheet if you need to do so.</i> | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| | | | | |
| Have you ever been diagnosed with a mental or psychiatric disorder? <i>If so, please give details, and use a separate sheet if you need to do so</i> | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| | | | | |
| Are you currently taking any medication? <i>If so, please give details of condition.</i> | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| | | | | |

EMERGENCY CONTACT INFORMATION

| | |
|----------|--|
| Name: | |
| Address: | |
| Tel: | |
| Email: | |

Your **FULL NAME AGAIN, PLEASE:**

| | |
|--|--|
| How did you hear about Edinburgh Festival Ballet School: | |
|--|--|

CONFIDENTIAL

Dance Training
DANCE TEACHER'S REPORT

Dance teachers are asked to submit a report to accompany your application.

| | |
|--|--|
| Name & Address of Dance School | |
| | |
| Postcode | |
| Telephone No. | |
| Number of years student attended | |
| Name of Student | |
| Date of Entry | |
| Signature | |
| Date | |
| Name & Position: <i>(Print clearly)</i> | |

Completed Application Forms should be returned to:



Johan Christensen

T : 0131 5562661

E : johan@edinburghfestivalballet.com

W: www.edinburghfestivalballet.com

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Admissions – Johan Christensen
Edinburgh Festival Ballet School Ltd
St. Stephen's Theatre
105 St. Stephen Street EDINBURGH, EH3 5AB

Only completed applications will be processed

Check List

Please use the checklist below to ensure all your paperwork is enclosed.

| | |
|--|---|
| | (Passport) Photograph of head and shoulders |
| | Student Health Information |
| | Dance Teacher's Report |
| I declare that I, the student (or parent, if student is under 18), have filled out this Application Form and honestly and correctly with all the appropriate paperwork is enclosed. I have read, understand and accept the EFB Terms and Conditions, which can be found on the EFBS Website, and confirm that all information that I have provided is complete, accurate and up to date. | |
| Printed Name: | Date: |
| Signature: | |