

Application Form

Please complete the form using BLOCK CAPITALS
return it to: admin@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:

Please select the course you are applying for

Year 1 & 2

Peter Schaufuss Diploma (3rd Year)

STUDENT DETAILS

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

PARENTS DETAILS

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

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

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

Date:	

Student Signature:	
Date:	

DANCE TRAINING

Examinations passed (please state examining body)

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:

admin@edinburghfestivalballet.com or

/

Admissions – Deputy Principal Caroline Rees
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
<p>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.</p>	
Printed Name:	Date:
Signature:	