

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: / /

There is a £25 audition fee to be paid in cash on
the day of the audition. Please bring it to the
audition only (not with the application)
in a named envelope.

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)

Name of Dance Teacher:

Please select the course you are applying for

Year 1
Year 2
Year 3
Year 4 Graduate program/Student Company

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:

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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:	

How did you hear about Edinburgh Festival Ballet School:	
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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

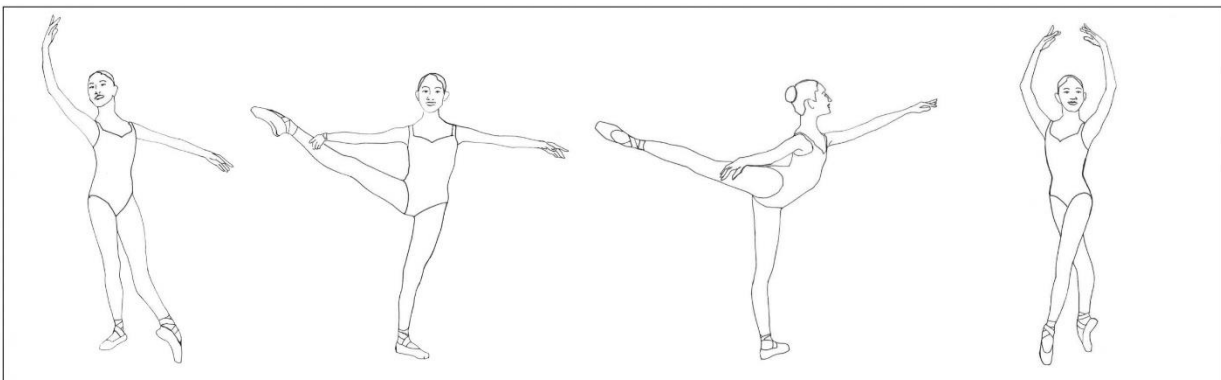
Please use the checklist below to ensure all your paperwork is enclosed.

	Passport Photograph of head and shoulders & poses
	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:	

Please include photos of the applicant in the poses below.
You do not need to use a professional photographer for these images. Please use current images.
Please ensure the applicant is in front of a clear background(white is preferable) and in the correct attire.

Girls- Plain- colour leotard (not white, simple style, no high necklines, multiply straps or frills)
Pink tights/colour to match skin tone
Soft ballet shoes and pointe shoes
NO SKIRTS
Hair neat and natural make up if worn.

Boys- Mid/dark colour tights (not white or shorts)
Leotard/close fitting white t-shirt
NO LOOSE T-SHIRTS
Black or white ballet shoes
Hair neat or tided back if long (no headbands)

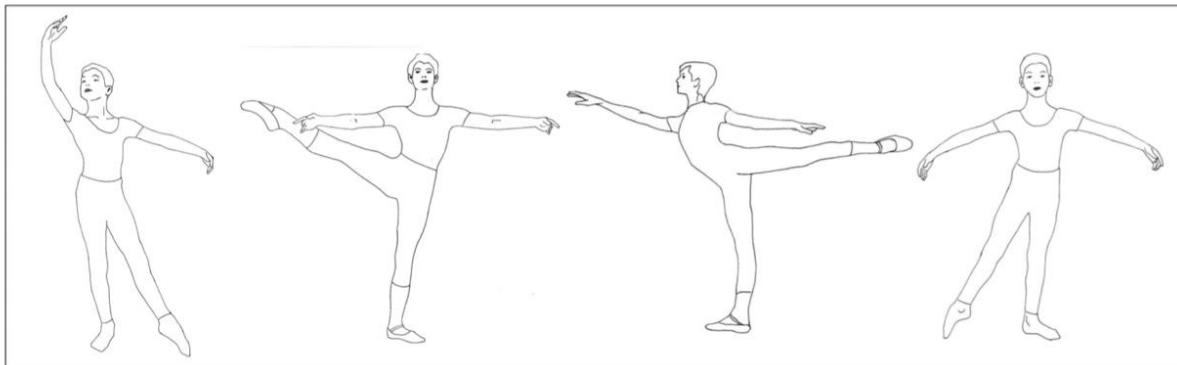


POSITION 1: TENDU DEVANT PAR TERRE EFFACÉ WITH ARMS IN FOURTH POSITION EFFACÉ

POSITION 2: À LA SECONDE EN L'AIR EN FACE WITH ARMS IN SECOND POSITION

POSITION 3: FIRST ARABESQUE EN L'AIR DE CÔTÉ (FACING SIDE)

POSITION 4: EN POINTE FOURTH POSITION EN CROISÉ WITH ARMS IN FIFTH POSITION



POSITION 1: TENDU DEVANT PAR TERRE EFFACÉ WITH ARMS IN FOURTH POSITION EFFACÉ

POSITION 2: À LA SECONDE EN L'AIR EN FACE WITH ARMS IN SECOND POSITION

POSITION 3: FIRST ARABESQUE EN L'AIR DE CÔTÉ (FACING SIDE)

POSITION 4: TENDU À LA SECONDE PAR TERRE EN FACE WITH ARMS IN SECOND POSITION

By signing this application form, you are agreeing for EFBS to hold your personal data. We will only keep your data for as long as necessary. At the end of the retention period, it will be reviewed and deleted/shredded, unless there is any special reason for keeping it