

RAMBERT SCHOOL of Ballet and Contemporary Dance

Director: Ross McKim MA, PhD, NBS (IDP)
Patrons: Lady Anya Sainsbury CBE, Robert Cohan

Please post to:
Clifton Lodge
St. Margaret's Drive
Twickenham
Middlesex
TW1 1QN

Phone: 020 8892 9960
Fax: 020 8892 8090
Email: info@rambertschool.org.uk

**PLEASE ATTACH
A RECENT
PASSPORT SIZE
PHOTOGRAPH**

(This photograph will
be used for
identification purposes
only, and does not form
part of the selection
process)

MA IN ADVANCED DANCE PERFORMANCE WITH SPECIALISATION IN RITUAL Entry: January 2012

Please tick which course you are applying for: **MA**

PGDip

Places are offered on the basis of audition* and interview.

Please complete all sections and return your completed application to the above address with:

- a non-refundable administrative fee of £45 (cheque/postal order made payable to Rambert School)
- a selection of photographs (6-10) showing dance technical ability

* Applicants unable to attend auditions may submit a DVD audition, accompanied by a fully completed application form. A DVD audition should include 30 minutes of any recent work/performance or dance technical class, demonstrating expertise in both Ballet and Contemporary Dance, as well as a short Contemporary Dance solo. Applicants should also speak for 2-3 minutes about their background and reasons for applying for this course.

PERSONAL DETAILS

Title (please tick one) Mr. Mrs. Miss Ms. Other _____

Surname	Given Name(s)
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Permanent Address _____

Mailing Address (if different from permanent) _____

Postcode _____

Postcode _____

Telephone Number _____

Mobile Number _____

Email Address _____

Date of birth (dd/mm/yy) _____

If you were not born in the UK, how long have you been
resident? _____ yrs _____ mths

Nationality _____

If English is not your first language, what if any is your highest
English Language qualification (Cambridge Proficiency, IELTS
etc.)? _____

Gender (please circle) Male / Female

Height _____ cms Weight _____ kgs

FOR SCHOOL USE ONLY:

Received

photos

fee

DVD/video

Audition: Yes

No

Place: Yes

No

EDUCATION

Name of University/College/School _____

Entry date _____

Leaving date _____

Address _____

Degree/Diploma/Certificate awarded (title)

(grade/class) _____

Name of University/College/School _____

Entry date _____

Leaving date _____

Address _____

Degree/Diploma/Certificate awarded (title)

(grade/class) _____

Name of University/College/School _____

Entry date _____

Leaving date _____

Address _____

Degree/Diploma/Certificate awarded (title)

(grade/class) _____

REFEREES

Below please list **two persons** whom the School may contact for a reference. One should be somebody familiar with your academic work (e.g. Tutor/Principal of your university/college), the other familiar with your dance training.

Title/Name _____

Title/Name _____

Address _____

Address _____

Postcode _____

Postcode _____

Telephone _____

Telephone _____

Email _____

Email _____

PERSONAL STATEMENT

Please give a brief account of your achievements, ambitions and why you are applying for this course.

I declare that to the best of my knowledge all information given in this application is true, accurate and complete.

Signature of Applicant _____

Date _____

Rambert School of Ballet and Contemporary Dance welcomes applications from disabled people and offers places solely on the basis of potential and suitability for a career in the profession. You are encouraged to disclose any impairment or condition (for example, dyslexia, a physical, sensory or mental health condition) at the earliest opportunity so that we can endeavour to meet your needs at audition and during the course. All applicants who meet the criteria for entry to the MA in Advanced Dance Performance will be invited to audition. Please visit our website www.rambertschool.org.uk and go to Applications and Auditions / Disabled Students for further information.

Please email info@rambertschool.org.uk if you require an alternative format.

Rambert School of Ballet and Contemporary Dance

Monitoring Equal Access and Opportunity to Training

Proposed Starting Date: _____

Please fill in the following monitoring information. Your response helps us to monitor our equal opportunities policy in the provision of training, and gives us valuable information about whether or not particular groups in the workforce have access to training. Please note that this is for monitoring purposes only and will not be used in any way to influence our decisions at audition or during the course.

Please tick (✓)

1. I describe my ethnic origin as (tick one box only):

- | | | | | | |
|--------------------------|----|------------------------------------|--------------------------|----|--|
| <input type="checkbox"/> | 10 | White | <input type="checkbox"/> | 34 | Chinese |
| <input type="checkbox"/> | 21 | Black or Black British-Caribbean | <input type="checkbox"/> | 39 | Other Asian |
| <input type="checkbox"/> | 22 | Black or Black British-African | <input type="checkbox"/> | 41 | Mixed – White and Black Caribbean |
| <input type="checkbox"/> | 29 | Other Black | <input type="checkbox"/> | 42 | Mixed – White and Black African |
| <input type="checkbox"/> | 31 | Asian or Asian British-Indian | <input type="checkbox"/> | 43 | Mixed – White and Asian |
| <input type="checkbox"/> | 32 | Asian or Asian British-Pakistani | <input type="checkbox"/> | 49 | Other Mixed background |
| <input type="checkbox"/> | 33 | Asian or Asian British-Bangladeshi | <input type="checkbox"/> | 80 | Other Ethnic background |
| | | | <input type="checkbox"/> | 98 | I do not wish to give this information |

2. **“A person has a disability if s/he has a physical or mental impairment which has a substantial and long term adverse effect on her/his ability to carry out normal day to day activities. Impairment includes sensory impairment.”**

Do you consider yourself to have a disability?

- 00 No known disability
- 01 A specific learning difficulty (eg dyslexia)
- 02 Blind/partially sighted
- 03 Deaf/hearing impairment
- 04 Wheelchair user/mobility difficulties
- 05 Personal care support
- 06 Mental health difficulties
- 07 Unseen disability, e.g. diabetes epilepsy, asthma
- 08 Multiple disabilities
- 10 Autistic spectrum disorder
- 96 A disability not listed above
- 97 I do not wish to give this information