

RAMBERT SCHOOL of Ballet and Contemporary Dance

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

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)

Application form for entry in September 2009

Please complete all sections. Completed applications should be returned to the address above with a non-refundable, administrative fee of £30 (cheque/postal order made payable to Rambert School) and all requested photos.

Please indicate which programme you are applying for: (see prospectus for details of programmes)

- BA (Hons) in Ballet & Contemporary Dance** - 3 year course validated by University of Kent.
 Professional Diploma in Ballet & Contemporary Dance – Overseas Students only.

Have you applied to the Rambert School in the past? Yes No If yes, when _____

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) _____

Age on 1 Sept 2008 _____

Nationality _____

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

Gender (please circle) Male/Female

Height _____ cms or inches

If English is not your first language, do you have any English
Language qualifications (Cambridge Proficiency, IELTS etc.)?

Weight _____ st or kgs

FOR SCHOOL USE ONLY:

Received:

photos

fee

DVD/video

Audition: Yes

Place: Yes

No

No

EDUCATION

Schools, colleges and universities attended since age 11 (please attach additional sheets as necessary)

Name of School _____ Entry date _____

Address _____ Leaving date _____

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Address _____ Leaving date _____

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GCSE, A Level, all other exams (please include exams to be taken and expected grade)

Subject	Level	Exam Date	Grade

HOBBIES & INTERESTS

DANCE EXPERIENCE

DANCE TRAINING

Name of School _____ Dates attended _____

Technique/Style Studied _____ Exams passed _____
(board, grade, date)

Technique/Style Studied _____ Exams passed _____
(board, grade, date)

Technique/Style Studied _____ Exams passed _____
(board, grade, date)

Name of School _____ Dates attended _____

Technique/Style Studied _____ Exams passed _____
(board, grade, date)

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(board, grade, date)

Technique/Style Studied _____ Exams passed _____
(board, grade, date)

Please enclose one photograph in dance practice clothes of **each** of the poses shown. Please print your name on the back of all photos.



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. Head Teacher/Principal of your school/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 give in this application is true, accurate and complete.

Signature of Applicant _____ Date _____

Signature of Parent/Guardian _____ Date _____
(if applicant is under 18)

*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 School, will be invited to audition.*

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School of Ballet and Contemporary Dance

Monitoring Equal Access and Opportunity to Training

Name: _____ 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"/> | 11 | White-British | <input type="checkbox"/> | 33 | Asian or Asian British-Bangladeshi |
| <input type="checkbox"/> | 12 | White-Irish | <input type="checkbox"/> | 34 | Chinese |
| <input type="checkbox"/> | 13 | White-European | <input type="checkbox"/> | 35 | Asian-Japanese |
| <input type="checkbox"/> | 14 | White British-Mixed | <input type="checkbox"/> | 39 | Other Asian |
| <input type="checkbox"/> | 19 | Other White | <input type="checkbox"/> | 41 | Mixed – White and Black Caribbean |
| <input type="checkbox"/> | 21 | Black or Black British-Caribbean | <input type="checkbox"/> | 42 | Mixed – White and Black African |
| <input type="checkbox"/> | 22 | Black or Black British-African | <input type="checkbox"/> | 43 | Mixed – White and Asian |
| <input type="checkbox"/> | 29 | Other Black | <input type="checkbox"/> | 49 | Other Mixed |
| <input type="checkbox"/> | 31 | Asian or Asian British-Indian | <input type="checkbox"/> | 80 | Other Ethnic |
| <input type="checkbox"/> | 32 | Asian or Asian British-Pakistani | <input type="checkbox"/> | 90 | Not Known |
| | | | <input type="checkbox"/> | 98 | Info. refused |

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?

- | | | |
|--------------------------|----|---|
| <input type="checkbox"/> | 00 | No disability |
| <input type="checkbox"/> | 01 | Dyslexia |
| <input type="checkbox"/> | 02 | Blind/partially sighted |
| <input type="checkbox"/> | 03 | Deaf/having a hearing impediment |
| <input type="checkbox"/> | 04 | Wheelchair user/having mobility difficulties |
| <input type="checkbox"/> | 07 | Unseen disability, e.g. diabetes epilepsy, asthma |
| <input type="checkbox"/> | 08 | Multiple disabilities |
| <input type="checkbox"/> | 09 | A disability not listed above |
| <input type="checkbox"/> | 10 | Autistic Spectrum Disorder |