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PERFORMING ARTS Reynolds Performing Arts Orchard House, Kent Road, DARTFORD, DA1 2AJ rpa@reynoldsgroup.co.uk

> Please attach a recent

HEAD and SHOULDERS

photograph here

APPLICATION FORM

Page 1 of 2

Please complete this form in BLOCK CAPITALS and return by

post or email

Please tick preferred course:

One Year Vocational Level 4 Course Three Year Vocational Performing Arts Course Not sure which course Delete as appropriate •Miss • Ms • Mr • other _____

First name (s)

Family name (s)

Email address (for contact purposes)

Full Address	Date of Birth	Home Phone			
	Age at commencement	Mobile Phone			
	Height (in metres and cm)	Twitter address			
Post Code	Reynolds Performing Arts has a legal responsibility for the safety of its applicants and staff. Y ou a therefore required to state below whether or not you have any unspent criminal convictions ot her minor motoring offences. If you tick 'yes' this does not automatically affect your application.				
City (and country if outside the UK)	Do you currently have any unspent criminal convictions? YES NO				
Name of parents/legal guardian (s)	Ethnic origin. Please tick as a White	Ethnic origin. Please tick as appropriate White Mixed			
Full address if different to the above	British 🗌 Irish 🗌	White and black Caribbean White and black African			
	Any other white background	White and Asian 🗌 Any other mixed background 🗌			
	Asian or Asian British	Black or Black British			
Mobile and Phone numbers:	Indian Pakistani	Caribbean 🗌 African 🗌			
Email address of parent/guardian if student is aged under 18:	Bangladeshi 🗌 Any other Asian background 🗌	Any other background Chinese Not declared			
	Any other ethic	group			

Dance School (Current) Dance and performance training experience School name Please stipulate the highest level achieved in dance and other performance skills and the awarding body e.g. ISTD, RAD, BBO, IDTA, LAMDA, etc.

	awarding body e.g. ISTD, RAD, BBO, IDTA, LAMDA, etc.						
Principal's name	Discipline	Years studied	Hrs a week (last 2 years)	Highest level achieved	Awarding body	Result	Date
Full Address	For example	6	3	Intermediate	RAD	Merit	June 2013
	Ballet						
	Тар						
Post code	Modern/Jazz						
	Contemporary						
Email address and telephone number	Singing						
	Drama						

For RPA office use only

Age:

Audition Date:

Result

Academic School attended	Academic achievement . e.g. GCSE, A level etc, please indicate predicted grades & please ensure you include Maths & English GCSE or equivalent				
School name	Qualification	Subject	Grade	Year	
	For example GCSE	Mathematics	В	2016	
Full Address					
Post Code					
Email address	Please add your own pages if necessary for other academic examinations to be taken				

Please share with us your performance experience if any (add your own pages if necessary)
Why have you chosen to audition at Reynolds Performing Arts and how did you hear about us?
What are your career aims? Please add your own pages if necessary
Do you have any special skills that you would like to tell us about?

Injuries or illness	Please list any injury or serious illness that we should be aware of:
	(If you want the property of t

(If your audition is successful, you will be expected to supply a full medical fitness report prior to registration)			
Date		Injury/Illness	

Please include with this application

- A character reference from your dance teacher and/or your secondary school dance teacher.
- 2 x <u>Photographs</u> 1x Head and shoulders attached to the front page of this form and 1x full length in dance wear facing front & feet parallel.
- Your audition fee of £30 as a cheque or postal order made payable to The Reynolds Group or you can call us on 01322 275807 and pay by debit or credit card.

Places will be offered on the basis of potential and suitability for the course. RPA does not discriminate against applicants on the grounds of gender, disability, ethnicity, religion or sexuality.

In order to meet your needs during the audition pro- earliest opportunity. Physical disability V		to disclose any condition (eg. Physical, sensory or cogr Dyslexia/Dyspraxia	
Please describe			
Applicant's signature	Parent/legal guardian's signature if app under 16yrs of age.	plicant is Date	

