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|  | **Application Form:**  **Pre-Professional Programme 2019/20**  **Audition 27. April from 3.00 – 4.30 pm 2019**  **At Tivoli Concert Hall**  Please complete in BLOCK CAPITALS and return scanned to balletskolen@tivoli.dk.  Tivoli Ballet School, Vesterbrogade 3, 1630 Kbh. V. DK | | | | | | | | | | | | Please paste one passport sized photo here | |
| 1. Personal details | | | | | | | | | | | | | | |
| First Name | | | | Last Name | | | | | | | | | Male/Female | |
| Date of Birth  (DD/MM/YYYY) | | | | Nationality | | | | | | | | | Height | |
| Address | | | | | | | | | | | | | | |
| Post Code | | | | | | | Country | | | | | | | |
| Student Mobil | | | | | | | Student Email | | | | | | | |
| Parent/Guardian First Name | | | Parent/Guardian Last Name | | | | | | | Mother/Father/Guardian  Please circle as appropriate | | | | |
| Parent/Guardian Mobil | | | Parent/Guardian Email | | | | | | | Emergency contact Mobil | | | | |
| 1. Dance Training (please give details of your most recent dance training) | | | | | | | | | | | | | | |
| Name of Current Dance Teacher | | | Address of Dance School | | | | | | Since When and How Many Hours per week | | | | | |
| 1. Examinations (please give details of your most recent examinations taken) if not applicable, go to section 4. | | | | | | | | | | | | | | |
| Awarding Organisation (e.g. RAD) | | Level | | | | | | Result | | | | Exam Date (DD/MM/YYYY) | | |
| 1. Ballet Training (please specify your current level of ballet training) | | | | | | | | | | | | | | |
| Awarding Organisation (e.g. RAD, ISTD) | | | Level | | | | | | Hours per week | | | | | |
| 1. Additional Training (please tick as appropriate) | | | | | | | | | | | | | | |
|  | | Yes | | | No | If Yes, please state how many years of study | | | | | | | | |
| Pointe Work | |  | | |  |  | | | | | | | | |
| Contemporary | |  | | |  |  | | | | | | | | |
| 1. Health Declaration (please provide details of any injuries or health conditions we should know) | | | | | | | | | | | | | | |
|  | | Yes | | | No | If Yes, please provide details as appropriate | | | | | | | | |
| Injuries | |  | | |  |  | | | | | | | | |
| Health Conditions/allergies | |  | | |  |  | | | | | | | | |
| 1. General Information | | | | | | | | | | | | | | |
| Do you wish to receive details about future courses at Tivoli Ballet School? | | | | | | | | | | | Yes | | | No |
| How did you hear about the Pre-Professional Programme? | | | | | | | | | | | | | | |
| Current Dance Teacher Signature | | | | | | | | Date | | | | | | |
|  | | | | | | | |  | | | | | | |
| Parent/Guardian Signature | | | | | | | | Date | | | | | | |
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