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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/GuardianPlease 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
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| 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 |
|  |  |