



# Satellite Centre for Advanced Training, HAMPSHIRE

Application Form 2012

### Photos

Please attach a head-shot passport-sized photos of the applicant here.

Please fill in ALL sections of this application as fully as possible, using BLACK ink and CAPITAL letters. You may continue overleaf if necessary.

**You must send your application back to us by FRIDAY 3<sup>RD</sup> FEBRUARY 2012**

**Satellite Centre, Hampshire**

### For office use only

Application received.....  
Audition time.....  
Audition number.....

### 1) About the Applicant

First name(s) \_\_\_\_\_  
Family name \_\_\_\_\_ Date of birth \_\_\_ / \_\_\_ / \_\_\_  
Age \_\_\_ years Place of birth \_\_\_\_\_  
Nationality \_\_\_\_\_ Length of residency in the UK \_\_\_ years  
Address \_\_\_\_\_  
City/Town \_\_\_\_\_  
Postcode \_\_\_\_\_ Borough /County \_\_\_\_\_  
Email address \_\_\_\_\_  
Mobile number \_\_\_\_\_

### Parent / Guardian information

Title \_\_\_\_\_ First name \_\_\_\_\_  
Family name \_\_\_\_\_ Occupation \_\_\_\_\_  
Nationality \_\_\_\_\_  
Address (if different from applicant) \_\_\_\_\_  
Telephone numbers: home \_\_\_\_\_  
work \_\_\_\_\_  
mobile \_\_\_\_\_  
Email address \_\_\_\_\_

### Audition Dates

Saturday 11<sup>th</sup> February - 11.00am – 1.00pm  
- 2.00 – 4.00pm

- Auditions will be held at The Point, Eastleigh, Leigh Road, Eastleigh, Hampshire, SO50 9DE
- All applicants will be **allocated an audition time**
- Candidates will be informed of an offer once all auditions have taken place, by letter/ email.



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#### 2) Equal opportunities monitoring

We are committed to a policy of equality of opportunity in all our practices. It helps us to monitor the effectiveness of this policy by recording information on the ethnic background, disability and residency status of our applicants.

***The information supplied in this section will not be used in assessing this application.***

#### Ethnic background

Which of these descriptions, supplied by the Commission for Racial Equality, best describes the ethnic background of the applicant:

White

– please specify: English Scottish Welsh Northern Irish Irish Other: \_\_\_\_\_

Black (including Black British, Black English, Black Scottish, Black Welsh & Black Northern Irish)

- please specify: Caribbean African Other: \_\_\_\_\_

Asian (including Asian British, Asian English, Asian Scottish, Asian Welsh & Asian Northern Irish)

- please specify: Indian Pakistani Bangladeshi Other: \_\_\_\_\_

Mixed

- please specify: White & Asian White & Black African White & Black Caribbean Other: \_\_\_\_\_

Chinese (including Chinese British, Chinese English, Chinese Scottish, Chinese Welsh and Chinese Northern Irish) – please specify: Chinese Other: \_\_\_\_\_

Other – please specify: \_\_\_\_\_

Does the applicant consider his/herself to have a disability?  Yes  No

If yes, please specify: \_\_\_\_\_

Is the applicant a refugee / asylum seeker?  Yes  No

#### 3) Education

Name of school \_\_\_\_\_ Year Group \_\_\_\_\_

Address \_\_\_\_\_

#### 4) How did you find out about the Hampshire Satellite Centre of Advanced Training?

The Point Website

Through my school

Through The Place

Through a friend

Through my dance teacher

Received a flyer

Other website (please specify): \_\_\_\_\_

Other (please specify): \_\_\_\_\_

Through another event / activity at The Point (please specify): \_\_\_\_\_



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**5) Dance Training** (please continue on a separate sheet if necessary)

**a) Contemporary Dance** - name of school/teacher/group: \_\_\_\_\_

Technique: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Years studied (dates): \_\_\_\_\_

Teacher's full name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: work \_\_\_\_\_ mobile \_\_\_\_\_

Email address: \_\_\_\_\_

**b) Ballet** - name of school/teacher/group: \_\_\_\_\_

Technique: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Years studied (dates): \_\_\_\_\_

Teacher's full name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: work \_\_\_\_\_ mobile \_\_\_\_\_

Email address: \_\_\_\_\_

**c) Membership of youth dance companies / dance performance groups**

Company/group: \_\_\_\_\_ Leader: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Frequency of sessions: \_\_\_\_\_

**d) Recent performance experience**

Company / production	Venue	Year	No. of performances
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**6) Long-term goals of the applicant**

In what role(s) does the applicant see her/ himself working in dance? (you may tick more than one)

Dancer     Choreographer     Dance teacher     Other (please specify): \_\_\_\_\_

Please give a little more detail about these long-term goals and the methods the applicant may need to employ to achieve such ambitions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where would the applicant like to train post 16/ 18? \_\_\_\_\_



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**7) Medical History** - please list any recent or current injuries, together with dates

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Does the applicant have any other medical conditions (e.g. allergies, asthma, etc)?  Yes  No  
If yes, please specify: \_\_\_\_\_

Does the applicant have any special requirements?  Yes  No  
If yes, please specify: \_\_\_\_\_

**8) Other classes/ projects at The Point** – please tick any that the applicant has been involved with

- |  |  |
|--|--|
| <input type="checkbox"/> The Point Youth Dance Company | <input type="checkbox"/> Hothouse dance platform       |
| <input type="checkbox"/> Hampshire Youth Dance Company | <input type="checkbox"/> HeadStart boys dance platform |
| <input type="checkbox"/> Weekly dance classes          | <input type="checkbox"/> Elevate Summer School         |
| <input type="checkbox"/> CAT Satellite Centre          |  |
| <input type="checkbox"/> Other (please specify): _____ |  |

**9) Fees**

The cost of the course is **£110** which includes all classes, workshops and travel to London.

Subsidised places are available to families on Income Support, Job Seekers Allowance or those receiving Child Tax Credit (with entitlement to Free School Lunches).

Please tick here to indicate that you wish to be considered for this should you be offered a place on the course

**10) Audition times will be confirmed on receipt of your application form via email/ letter.**

**11) Declaration** – I declare the information in this form to be true and accurate

Signature of applicant \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

Parent/Guardian's signature \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

***Please return this form to:***

Jilly Hurden

Dance Department

The Point

Leigh Road

Eastleigh

SO50 9DE

Telephone: 023 8062 7804 Email: [jilly.hurden@eastleigh.gov.uk](mailto:jilly.hurden@eastleigh.gov.uk)

Website: [www.theplace.org.uk/cat](http://www.theplace.org.uk/cat) or [www.thepointeastleigh.co.uk](http://www.thepointeastleigh.co.uk)

**Please check that you have completed all sections of the form, and return by  
Friday 3<sup>rd</sup> February 2012.**