

# *The Dance Teacher Training Centre*

## **Two Year Full-Time Teacher Training Course**

### **Audition Application Form**



**Name**

**Address**

**Post Code**

**Email Address**

**Telephone**

**Mobile**

**Date of Birth**

**Gender**

**Male / Female \*** (\*delete as appropriate)

**Nationality**

**Height**

**ft**

**ins**

**Weight**

**st**

**lbs**

**Name of Mother**

**Occupation of Mother**

**Address of Mother**

**(if different to above)**

**Contact Number of Mother**

**Name of Father**

**Occupation of Father**

**Address of Father**

**(if different to above)**

**Contact Number of Father**

**Person Responsible for payment of fees**

**Address of Person Responsible for payment of fees (if different to above)**

**Contact Number (if different to above)**

**Person to Whom Correspondence should be sent**

**Choice of major for Two Year Course**

**ISTD / IDTA \***

(\*delete as appropriate)

### **Academic Education**

**Please enter the details of your current or most recent school**

**Name of School**

**Name of Head Teacher**

**Address of School**

**Telephone Number \***

\*should a candidate be successful at audition a short reference a reference will be sought. Alternatively, references may be supplied with this form.

### **Academic Exam Achievements**

<b>Subject</b>	<b>Level</b>	<b>Date Taken</b>	<b>Grade Achieved</b>	<b>Date to be Taken</b>	<b>Predicted Grade</b>

## **Dance Education**

**Please enter the details of your current or most dance recent school**

**Name of School**

**Name of Principal**

**Address of School**

**Telephone Number \***

\*should a candidate be successful at audition a short reference a reference will be sought. Alternatively, references may be supplied with this form.

**Please list the classes you are currently attending on a regular basis and state the level. Include any drama and/or singing lessons)**

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**Have you studied or experienced any of the following subjects?**

	<b>Yes /No</b>	<b>Years Studied</b>	<b>Method/ Awarding Body</b>	<b>Level of most recent exam</b>	<b>Date Taken</b>	<b>Result</b>	<b>Level of next exam to be taken</b>	<b>Date of next exam to be taken</b>
Classical Ballet								
Modern Dance								
Contemporary Dance								
Theatre Craft								
Tap								
Street/Commercial Jazz								
Ballroom								
Latin American								
Freestyle								
Salsa								
Pilates								
Choreography								
Contact Improvisation								
National								
Character								
Classical Greek								
Irish								
Acrobatics								
Gymnastics								
Acting Exams								
Speech and Drama								
Acting Improvisation								
Singing Lessons								
Choir								
Instruments Playing (please specify)								

**Other related subjects studied or any relevant skills**  
(please specify)

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**Have you attended audition at the centre before?**

Yes / No *	(*delete as appropriate)
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**Have you had any teaching experience or assisted your own teacher?**

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**Have you had any professional or amateur performing experience?**

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**Please give a brief account of your ambitions and of why you wish to undertake the Two Year Teacher Training Course at The Dance Teacher Training Centre**

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**Medical Information**

**Name of Doctor**

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**Address of current Surgery or Medical Centre**

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Please Note : If successful at audition and before acceptance onto the course can be confirmed, candidates will need to provide a favourable Certificate of Health from their Doctor (the doctor may charge for this service). An Osteopath or Physiotherapist's report may also be required for candidates with specific concerns.

Please be as honest and frank as possible with the following information :

Do you suffer from, or have you suffered from in the past, any of the following conditions? Where the answer is yes, please give details.

- **Asthma** Yes / No \* details:   
\* delete as appropriate
- **Hayfever** Yes / No \* details:   
\* delete as appropriate
- **Diabetes** Yes / No \* details:   
\* delete as appropriate
- **Anaemia** Yes / No \* details:   
\* delete as appropriate
- **Migraines** Yes / No \* details:   
\* delete as appropriate

Do you wear glasses or contact lenses? Yes / No \* \* delete as appropriate

details :

Are you allergic to anything? Yes / No \* \* delete as appropriate

details :

Have you ever broken or fractured any bones? Yes / No \* \* delete as appropriate

details :

Have you ever had treatment from an Osteopath, Chiropractor or Physiotherapist? Yes / No \* \* delete as appropriate

details :

Have you ever undergone major surgery? Yes / No \* \* delete as appropriate

details :

Have you had any serious illness in the past 10 years? Yes / No \* \* delete as appropriate

details :

Have you ever had any serious injuries? Yes / No \* \* delete as appropriate

details :

Do you have any disabilities or learning difficulties (eg. dyslexia)? Yes / No \* \* delete as appropriate

details :

Have you ever had any treatment from a psychologist or psychiatrist? **Yes / No \*** \* delete as appropriate

details :

Do you currently take any medication? **Yes / No \*** \* delete as appropriate

details :

Do you suffer or have you ever suffered from an eating disorder (eg. anorexia, bulimia)? **Yes / No \*** \* delete as appropriate

details :

Please give details of any special aids or requirements necessary to support you at audition :

The Dance Teacher Training Centre welcomes applications from all students, regardless of religion, sex, mental or physical disability, sexual orientation, ethnic or social background. At audition we pose ourselves as judges of nothing more than our own specific requirements. We select students solely on their demonstration of individual ability to meet the demands of the physical, academic and job specific training we offer on the course and on their potential to become a good dance teacher. Please ensure you read the "Audition Criteria" when preparing for the audition.

Please enclose with your completed application form :

- 3 Full-length photographs of yourself in leotard and tights (preferably pink ballet tights) showing-
  1. Facing front -
    - Demi-plé in 1<sup>st</sup> to your deepest range
    - Arms in en couronne / 5<sup>th</sup>
  2. Back to Camera -
    - Dagagé à la 2<sup>nd</sup>
    - Arms à la 2<sup>nd</sup>
  3. Facing Sideways -
    - 1<sup>st</sup> arabesque en l'air
- Audition Fee of £40 (cheques made payable to The Dance Teacher)

Please note that photographs and audition fee are non returnable

Please indicate your preferred audition dates -

1.  2.  3.

Audition dates can be found on the website.

I/We confirm that the information given in this application form is full and correct, to the best of my/our knowledge. I/We understand that should I not be successful at Audition no further correspondence can be entered into with regards that decision. The Director's decision is respected as final.

Signature of Candidate

Date

If under 18 – I give consent to this application and audition

Signature of Parent/Guardian/Carer

Date

