

Boys Move 2019 – Sunday 28 April

Information Sheet

NOTE: Please read this document carefully and retain for your reference.

MINIMUM REQUIREMENTS

Boys Move is open to boys aged 8-18 years old of all ability levels.

PRICE AND TIME

- **8-10 years**
12:00-5.00pm
£15
- **11-18 years**
10:00-5.00pm
£25

COURSE PAYMENT

Payment for the course can be made by cheque, online, or by card over the phone.

Cheques should be made payable to 'Central School of Ballet'. Please print the participant's name on the back of the cheque. To pay online, please do so through our website

<http://www.centralschoolofballet.co.uk/coursesonlinepayment.php>

To pay by credit/debit card, please call the Widening Participation & Access Department during office hours (9.30am-5.00pm).

Please note that an administrative charge of £5 will be levied against any cheques that are returned by the bank.

In addition, please note that when paying online you will receive a notification of payment from WorldPay. This does not indicate that a place has been awarded on the course. Only a notification of acceptance from the Widening Participation and Access Department by email, upon receipt of your application form, confirms an allocated place on the course. If you have not received an email within 7 days of sending your application, then please contact the Widening Participation and Access department on 0207 837 6332.

Completed application forms can be emailed to participation@csbschool.co.uk or sent to:

Widening Participation & Access Department, Central School of Ballet, 10 Herbal Hill, Clerkenwell Road, London, EC1R 5EG.

REFUND POLICY

Should you at any time decide to withdraw your application or not attend on the day of the course, the course fee is unfortunately non-refundable, and the place is non-transferable to another course or to another applicant.

For further details regarding payments, please see the payment section of this application form.

DRESS

Please come with a ballet uniform if you already have it, although this is not a requirement, and leggings/tracksuit, shorts and T-shirt for all additional classes. Students must either wear ballet shoes or bare feet. Please also bring something warm to wear in-between classes.

TIMETABLE

Timetables will be sent to you as a separate document.

As a guideline, the day will begin at approximately 10.00am (for 11-18years) and 12.00noon (for 8-10 years). The day will end at approximately 5.00pm.

If your child is to be collected at the end of the day by an adult other than yourself, please inform a member of the Widening Participation team at the front desk. Due to limited space in the building, we cannot accommodate parents/guardians during the day.

LUNCH / BREAK TIMES

Please bring lunch and plenty of snacks to eat during the breaks. Central School of Ballet do not provide lunch or snacks on any courses.

PERMISSION TO LEAVE THE BUILDING/ TRAVEL HOME ALONE

Children are supervised throughout the day. We are aware that some of the older children may wish to leave the building at lunchtime to visit the local shops or travel home alone. We only allow children to leave the building alone if a parent/guardian has completed and signed a '*Permission to Leave the Premises Form*'. If you are happy for your child to leave the building alone, please contact a member of the Widening Participation team for the relevant form.

OUR LOCATION

10 Herbal Hill
Farringdon
London
EC1R 5EG

Central School of Ballet is located near Farringdon Tube and Overground station. Chancery Lane Tube is also within a ten-minute walk.

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Application Form

Applicant's Details

| | | | |
|--|--|----------|--|
| First Names: | | Surname: | |
| Address: | | | |
| Postcode: | | | |
| Date of Birth: | | Age: | |
| Current School Year: | | | |
| Parent / Carer Contact Details | | | |
| Contact name in case of emergency: | | | |
| Telephone no. (incl. code): | | | |
| Email Address (for all correspondence about the course): | | | |

Academic School

| |
|-----------------|
| Name of School: |
| Address: |
| Postcode: |

Dance School

Name and addresses of dance schools, teachers and date attended starting with your current teacher (please continue on an additional sheet if necessary).

| Name of Dance Teacher | Address of Dance School | Dates Attended | Hours per week |
|-----------------------|-------------------------|----------------|----------------|
| | | | |

Training to Date

| Have you studied: | YES | NO | Most recent examination taken. Please state examining board, level, date taken and result |
|-------------------------------|-----|----|---|
| Classical Ballet | | | |
| Contemporary Dance | | | |
| Modern/Jazz | | | |
| Character | | | |
| Pointe Work (if yes how much) | | | |
| Other (please state) | | | |

Photography Permission

Central School of Ballet may take photographs and/or film footage in classes which will be used at the discretion of Central School of Ballet, the Conservatoire of Dance and Drama and partner organisations on social media and future marketing campaigns. To comply with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018, we need your permission before any images of your child (aged under 18) are taken. Please note, names of children will not be printed alongside photographs.

YES, I give permission for my son/daughter to be photographed and/or filmed during classes, and for the resulting images to be used by Central School of Ballet, the Conservatoire of Dance and Drama and partner organisations. **Please confirm by placing a tick in the box.**

We will ask for your consent on an annual basis throughout the duration of your child's time at Central School of Ballet. You can withdraw your consent at any time by writing to participation@csbschool.co.uk

Mailing List

If you would like to be contacted about future Widening Participation opportunities and events at Central School of Ballet, please complete your details below. Please note that you must be aged 18 or over to receive emails from Central School of Ballet.

Yes, I would like to receive further details about Widening Participation opportunities at Central School of Ballet.

(If you do not wish to receive emails regarding other opportunities, please leave this box blank. Please note that you will therefore only receive emails about Courses for which you attend).

Please place a ✓ in the box:

Name (PLEASE PRINT): _____

Email: _____

Declaration and Data Protection Statement

This is to certify that to the best of my knowledge the information provided in this document is accurate at the time of writing. I accept that any amendment to the information provided after acceptance and acknowledgement of this application could result in the loss of a place. I have also read and understand the Payment and Refund Policy detailed on page 1 of the application form.

Central School of Ballet is a 'Data Controller' of your data, and holds and processes 'personal data' (which may include a 'Special Categories of personal data') as defined in the General Data Protection Regulation (GDPR) about applicants which is provided to Central School of Ballet by you (or which is otherwise received from third parties) for their own, separate purpose(s).

Central School of Ballet needs to process (that is, collect, use, store and ultimately securely dispose of) personal information about you as a student to be able to record your application to the school.

(Please tick below)

I confirm that all information provided in this form is true and complete to the best of my knowledge.

I confirm I give my explicit consent for the information I have provided in this form, including any information on injuries and medical conditions, to be processed by appropriate individuals only in accordance with access protocols. I can withdraw my consent at any time by emailing participation@csbschool.co.uk

If you want to understand in more detail how we collect and process your personal data please refer to the Central School of Ballet's Privacy Policy: <https://www.centralschoolofballet.co.uk/index.php>

Signed (Parent/Guardian):

Print Name:

Date:

Equality and Diversity Information Form

Central School of Ballet is committed to offering programmes of activity to talented students who may not otherwise afford the opportunity or have the support structure in place at home. The questions below help us determine how we can best develop our courses to benefit as many young people as possible and offer them an insight into higher education study. Central School of Ballet welcomes applications/ participants from all sections of the community regardless of ethnicity, gender, religion or disability.

The information you give in this section is used for statistical and monitoring processes only

Age of Participant: _____

Gender: Male Female

How old were you when you started Ballet? _____

Did either of your parents attend Higher Education? Yes No

Ethnicity – Please tick the box(es) which best describe your ethnic or cultural background:

| | | | |
|--|--|---|--|
| 50 Arab | | 42 Mixed- White and Black African | |
| 33 Asian or Asian British- Bangladeshi | | 41 Mixed- White and Black Caribbean | |
| 31 Asian or Asian British- Indian | | 39 Other Asian Background | |
| 32 Asian or Asian British- Pakistani | | 29 Other Black Background | |
| 22 Black or Black British- African | | 80 Other Ethnic Background | |
| 21 Black or Black British-Caribbean | | 49 Other Mixed Background | |
| 34 Chinese | | 98 I do not wish to give this information | |
| 15 Gypsy or Traveller | | 10 White | |
| 43 Mixed- White and Asian | | | |

Disability – Which of the following statements about disability is most appropriate to you? Please tick the appropriate box(es).

| | | | |
|---|--|---|--|
| 00 No Known Disability | | 57 Deaf or a serious hearing impairment | |
| 51 A specific learning difficulty eg. dyslexia | | 58 Blind or a serious visual impairment uncorrected by glasses | |
| 53 Social/communication impairment eg. Autistic Spectrum Disorder | | 08 Two or more impairments and/or Disabling medical conditions | |
| 54 Long-standing illness or health condition, eg. epilepsy | | 96 A disability, impairment or medical condition not listed above | |
| 55 Mental Health Condition | | 00 I do not wish to give this information | |
| 56 Physical impairment or mobility issues (eg. difficulty using arms, using a wheelchair or crutches) | | | |

Household Income – Please indicate the income bracket which your household falls into:

Less than £25,000 Less than £43,000 Less than £60,000 Over £60,000

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