

# SENIOR SCHOOL APPLICATION FORM 2019

## Foundation and BA (Hons) Degree in Professional Dance and Performance

Central School of Ballet

10 Herbal Hill, Clerkenwell Road, London EC1R 5EG T 0207 837 6332 E [auditions@csbschool.co.uk](mailto:auditions@csbschool.co.uk)

Central  
School  
of Ballet



Please attach **two** passport sized photos of yourself, label the back of both photos clearly with your name.

All applications should be submitted by post to:  
Central School of Ballet  
10 Herbal Hill  
London EC1R 5EG

Or by email to:

[auditions@csbschool.co.uk](mailto:auditions@csbschool.co.uk)

### PRELIMINARY AUDITION DATES AND DEADLINES

Please select ONE audition with a (✓) that you would like to attend. You must send your application to us before the deadline date to be considered for your chosen audition day.

DATE	VENUE	DEADLINE	SELECTION
<b>UK AUDITIONS</b>			✓
Sunday 28 October 2018	Glasgow – Dance School of Scotland	Monday 22 October 2018	
Sunday 9 December 2018	London – Central School of Ballet	Monday 3 December 2018	
Sunday 10 February 2019	London – Central School of Ballet	Monday 4 February 2019	
Sunday 17 February 2019	Leeds – Northern Ballet	Monday 11 February 2019	
<b>OVERSEAS/OTHER AUDITIONS</b>			
8 -11 November 2018	Tokyo – Japan Osaka - Japan	Monday 5 November 2018	
February 2019	USA - New York City	Monday 4 February 2019	
DVD/Video Submissions	N/A	Saturday 23 <sup>rd</sup> March 2019	

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## SECTION 1: APPLICANT'S PERSONAL DETAILS

Please fill in every section of this application form as fully as possible, using CAPITAL letters and black ink. By submitting this application form you are acknowledging that you have read and understood Central School of Ballet's Admissions Policy which is available here:

<https://www.centralschoolofballet.co.uk/centralschoolofballetpoliciesandproceduresforstudents.php>

<b>First Name:</b>		<b>Surname:</b>	
<b>Date of Birth:</b>		<b>Nationality:</b>	<b>Sex (delete as appropriate):</b> Female/Male/Other
<b>Age:</b>	<b>Height:</b> <b>cm</b>	<b>Country of Birth:</b>	
<b>First Language:</b>		<b>Other Language(s):</b>	
<b>Address (for correspondence):</b>			
<b>City:</b>			
<b>Postcode/Zip Code:</b>			
<b>Country:</b>			
<b>Applicant Mobile:</b>			
<b>Email Address</b> <i>(please note that this will be used to email audition details):</i>			

## SECTION 2: PARENT AND GUARDIAN DETAILS

If you are under 18 before September 1<sup>st</sup> 2019, it is compulsory for you to have permission from your parent/guardian to submit and have this application considered.

<b>Mother's/Guardian's Name:</b>	
<b>Mobile:</b>	
<b>Father's/ Guardian's Name:</b>	
<b>Mobile</b>	
<b>Home Phone:</b>	
<b>Email:</b>	

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## SECTION 3: DANCE TRAINING AND EDUCATION

You are required to provide the following in addition to this application form:

- One short written reference from your current dance teacher and one short written reference from your academic school, preferably a teacher who personally teaches you. Please note that references must contain **name, address and position of the referee** so that they can be contacted.
- Photographs of the following positions (Ladies, please wear leotard with ballet tights and hair in a neat bun; Boys, please wear fitted t-shirt, tights and ballet shoes):
  1. FACING FORWARD IN 1ST POSITION, ARMS IN BRAS BAS
  2. FACING BACK IN PARALLEL, ARMS BY YOUR SIDES
  3. TENDU À LA SECONDE, ARMS IN BRAS BAS
  4. ARABESQUE ON FLAT EN L'AIR DE CÔTÉ, ARMS IN 1ST ARABESQUE (FACING SIDE)
  5. FACING FRONT DEVELOPPÉ À LA SECONDE, ARMS IN 2ND POSITION
  6. 2ND POSITION ON POINTE (LADIES ONLY)
  7. 4TH CROISÉ ON POINTE, ARMS IN 5TH POSITION (LADIES ONLY)

**DVD/Video:** (Overseas applicants only): Applications must include the following:

1. A SHORT BARRE: grand pliés, tendus, grand battement, adage with grand rond de jambe.
2. CENTRE PRACTICE: adage, pirouette exercise, petit allegro, grand allegro.
3. Men should show some batterie and tour en l'air.
4. Ladies should include some pointe work. Optional extra: a solo variation.

<b>Name of Current Dance School:</b>		<b>Name of Teacher:</b>	
City:		Hours p/w:	
Country:		Entry Year:	
<b>Name of Past Dance School:</b>		<b>Name of Teacher:</b>	
City:		Hours p/w:	
Country:		Entry Year:	
Leaving Year:			
<b>Dance Technique</b>	<b>Y/N</b>	<b>Level Qualification:</b>	
Ballet			
Contemporary			
Jazz			
Other (specify)			

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<b>Are you currently or have you ever been a Central Pre-Senior?</b>  Yes/No	<b>If Yes, please provide us the date you joined and left:</b>
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<b>SECTION 4: ACADEMIC HISTORY</b>
<b>Name of most recent school or college:</b>
<b>Address:</b>
<b>Name of Head Teacher:</b>

Academic Subject	Level	Date taken	Grade achieved	Date to be taken	Grade predicted

## Students with Disabilities – Welcome Statement

Central welcomes applications from students with disabilities and learning difficulties. We offer places solely on the basis of ability and potential to cope with the rigorous demands of the course as well as potential for a successful career in dance. In order to meet your needs during the audition process (and, if successful, throughout your course of study), you are encouraged to disclose any impairment or condition in the **box below**, (for example dyslexia, a physical, sensory or mental health condition) so that we can endeavour to meet your needs. If you have a disability please ask The Student Loans Company about allowances for which you may be entitled. It is extremely helpful to enclose a dyslexia assessment if applicable. All information will be treated as strictly confidential.

<b>Please include details of any disability/medical requirements below:</b>
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## SECTION 5: PERSONAL STATEMENT

Please give a brief statement of why you wish to apply for the FD programme, outlining highlights and significant dance achievements (for example, school/college shows, awards and scholarships).

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### SECTION 6: DECLARATIONS

Please tick the following declarations that apply to you.

#### MEDICAL DECLARATION

For all applicants, please tick that to the best of your knowledge that you are fit to study and embark on this course, and adhere to the demands set by the course programme. Please refer to the 'Support Through Studies' policy here: <http://www.cdd.ac.uk/policies/student-related-policies/>

Please tick here.

#### ENGLISH REQUIREMENTS

For International students whose first language is not English, please tick that you understand that applicants are required to reach the B1 level standard of English for Foundation Degree students and B2 Level for BA (Hons) students in order to obtain a student visa and enter the UK

Please tick here.

#### FOR NON-UK/EU APPLICANTS ONLY

For applicants who live outside of the UK/EU, please tick that you understand that if offered a place at Central School of Ballet and you accept, you will need to meet the criteria of a Tier 4 (General) student visa as set by UK Visas and Immigration (UKVI).

Please tick here.

### SECTION 7: TUITION FEE ASSESSMENT

Please provide details of your nationality and current country of residence so we can assess your tuition fee entitlement.

Passport Issuing Country:

Permanent Country of Residence:

Will you have resided in the above country for three years prior to 1<sup>st</sup> September 2019 (circle which is applicable)?

Yes/No

If no, please give further details of your past country and residence(s):

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### SECTION 8: AUDITION FEE PAYMENT

All auditions require a non-refundable £50 payment. Please tick the method of payment you wish to use. Applicants may be eligible to apply for an audition fee waiver via the Conservatoire for Dance and Drama as part of the CDD's and Central School of Ballets commitment to widening participation. Further information on the CDD audition fee waiver can be found on the CDD website (<http://www.cdd.ac.uk/students/how-to-apply/audition-and-interview-fee-waiver-scheme/>). They must meet the following criteria:

1. Current UK Resident
2. Applying to an undergraduate programme (FdA/BA degrees).
3. New to Higher Education
4. From a household income of less than £25,000p/a

- Cheque Enclosed**
- Online:** *WorldPay ID:*
- Over the phone:** *Date:*
- Audition Fee Waiver**

### HOW DID YOU HEAR ABOUT CENTRAL SCHOOL OF BALLET?

- Recommended by Teacher
- I am a Central Pre-Senior
- I know a student at Central
- I saw Ballet Central
- Advertisement
- Social Media
- Other: *Please specify:* \_\_\_\_\_

### APPLICATION CHECKLIST (for your reference only):

- £50 non-refundable audition fee
- Completed application form
- Two Passport Photos clearly named
- Photocopy of current valid ID/ Passport confirming nationality
- Two typed Reference from current Dance Teacher and Academic References
- Full length photographs of identified dance positions (see Section 4 clearly named)

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### SECTION 9: DECLARATIONS

Please sign below. If the applicant is under 18, we require the agreement of the parent/guardian.

#### Criminal Records

Central has a responsibility to provide a secure, safe environment for staff, students, visitors and others, and must balance this alongside any legal requirements, such as those to protect vulnerable individuals. As a result, at the point of making an offer to an applicant, where an applicant has indicated they may have a relevant criminal conviction to disclose, Central will request further information about the conviction. Applicants should not disclose any specific details until requested to do so by the School. Central will process any information relating to a criminal record in line with the Conservatoire for Dance and Drama's policy on disclosure of criminal records, which is published on the Conservatoire's website at <http://www.cdd.ac.uk/policies/student-related-policies/>.

#### Data Processing Statement 2018-19

Central School of Ballet is a 'Data Controller' of your data, and holds and processes 'personal data' (which may include 'Special Categories of personal data') as defined in the General Data Protection Regulation (GDPR) about applicants and students which is provided to them 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)

This is to certify that to the best of my knowledge the information provided in this application form is accurate at the time of writing. I understand that the information I have provided in this form, including any information on injuries and medical conditions, will be processed by appropriate individuals only in accordance with access protocols. I can withdraw my consent at any time by emailing [info@csbschool.co.uk](mailto:info@csbschool.co.uk). Further information can be found in the Central School of Ballet Privacy Policy here: <https://www.centralschoolofballet.co.uk/index.php>

PRINT APPLICANT NAME:

DATE:

SIGNATURE:

I, the Parent/Guardian of .....declare that the information given on the application to be true and accurate to the best of my knowledge and that I give my consent for this application to be considered.

PRINT PARENT/GUARDIAN NAME:

DATE:

SIGNATURE:



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### SECTION 10: ADDITIONAL MONITORING INFORMATION

Central School of Ballet are committed to training and supporting the most talented students, without discrimination because of gender, sexual orientation, marital or civil partner status, gender reassignment, race, colour, nationality, ethnic or national origin, religion or belief, disability or age. This form is intended to help us maintain equal opportunities best practice and identify barriers to equality and diversity.

All questions are optional. You are not obliged to answer any of these questions, but the more information you supply, the more effective our monitoring will be. All information supplied will be treated in the strictest confidence.

This information forms information for our statistical returns to HESA; for more information please refer to the data processing statement.

Should you have any concerns regarding this, please contact Senior School Manager Josephine Alsinger on 0207 837 6332.

Do any of your parents or guardians have any higher education qualifications (e.g. a degree, diploma or certificate of higher education)? Yes / No / Don't know / Prefer not to say

Are you a care leaver? Yes / No / Prefer not to say

If yes, were you in care on or after your 16th birthday? Yes / No

Are you estranged from your parents? Yes / No / Prefer not to say

#### Please put an X in the box which best describes your ethnic group

#### OFFICE USE ONLY

<input type="checkbox"/> Arab	50
<input type="checkbox"/> Asian or Asian British - Bangladeshi	33
<input type="checkbox"/> Asian or Asian British - Indian	31
<input type="checkbox"/> Asian or Asian British - Pakistani	32
<input type="checkbox"/> Black or Black British - African	22
<input type="checkbox"/> Black or Black British - Caribbean	21
<input type="checkbox"/> Chinese	34
<input type="checkbox"/> Gypsy or Traveller	15
<input type="checkbox"/> Mixed - White & Asian	43
<input type="checkbox"/> Mixed - White & Black African	42
<input type="checkbox"/> Mixed - White & Black Caribbean	41
<input type="checkbox"/> Other Asian background	39
<input type="checkbox"/> Other Black background	29
<input type="checkbox"/> Other Ethnic background	80
<input type="checkbox"/> Other Mixed background	49
<input type="checkbox"/> Prefer not to say	98
<input type="checkbox"/> White	10

#### Please put an X in the box which best describes whether you have any disability

No known disability or prefer not to say

Specific learning difficulty such as dyslexia, dyspraxia or AD(H)D

OFFICE  
USE  
ONLY

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- |                          |   |    |
|--------------------------|---|----|
| <input type="checkbox"/> | Social/communication impairment (e.g. Asperger's syndrome/other autistic spectrum disorder)             | 53 |
| <input type="checkbox"/> | Long standing illness or health condition (e.g. cancer, HIV, diabetes, chronic heart disease, epilepsy) | 54 |
| <input type="checkbox"/> | Mental health condition (e.g. depression, schizophrenia or anxiety disorder)                            | 55 |
| <input type="checkbox"/> | Physical impairment or mobility issues (e.g. difficulty using arms, using a wheelchair or crutches)     | 56 |
| <input type="checkbox"/> | Deaf or a serious hearing impairment  | 57 |
| <input type="checkbox"/> | Blind or a serious visual impairment uncorrected by glasses   | 58 |
| <input type="checkbox"/> | Two or more impairments and/or disabling medical conditions   | 08 |
| <input type="checkbox"/> | A disability, impairment or medical condition that is not listed above                                  | 96 |

Is your gender identity the same as the gender you were originally assigned at birth?

Yes / No / Prefer not to say

**What is your sexual orientation? Put an X in the box below.**

- |  | OFFICE<br>USE<br>ONLY |
|--|-----------------------|
| <input type="checkbox"/> Bisexual          | 1                     |
| <input type="checkbox"/> Gay man           | 2                     |
| <input type="checkbox"/> Gay woman/lesbian | 3                     |
| <input type="checkbox"/> Heterosexual      | 4                     |
| <input type="checkbox"/> Other             | 5                     |
| <input type="checkbox"/> Prefer not to say | 98                    |

**What is your religion? Put an X in the box below.**

- |   | OFFICE<br>USE<br>ONLY |
|---|-----------------------|
| <input type="checkbox"/> No religion                  | 01                    |
| <input type="checkbox"/> Buddhist                     | 02                    |
| <input type="checkbox"/> Christian                    | 03                    |
| <input type="checkbox"/> Hindu                        | 10                    |
| <input type="checkbox"/> Jewish                       | 11                    |
| <input type="checkbox"/> Muslim                       | 12                    |
| <input type="checkbox"/> Sikh                         | 13                    |
| <input type="checkbox"/> Spiritual                    | 14                    |
| <input type="checkbox"/> Any other religion or belief | 80                    |
| <input type="checkbox"/> Prefer not to say            | 98                    |