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| 2021 ) |  |  |  |
| Please complete the form below to apply to audition for the Centre for Advanced Training (CAT). Further information about the format of the auditions will be announced soon.\* Required | 7. | DOB | \*: |

 8. Age \*:

 9. School/college currently attending \*:

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| --- | --- | --- |
| Apply to Audition (Entry in September | 6. | Post code \*: |

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| --- | --- |
| 1. First name \*: | 10. Current school year \*: |

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| --- | --- |
| 2. Last name \*: | 11. Home telephone: |

 12. Mobile number:

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| --- |
| 3. Address \*: |

 13. Gender \*:

1. Town \*:

 14. Email Address:

1. County \*:

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| --- | --- | --- | --- |
| 17. Did you attend a CAT Open DAY: Yes / No |  | 20. | Do you receive free school meals? \* Yes / No  |

18. Did CAT visit your school?: Yes / No

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| --- | --- | --- | --- |
| 15. Parent/Guardian email address \*: 16. How did you hear about the CAT:  |  | 19. | Will you be applying for a grant? \* Yes /No / Not sure  |

# AUDITIONS

1. Please choose which programme you would like to audition for \* *Please delete as appropriate*

Exeter Contemporary Programme

Swindon Contemporary Programme

Swindon Street Dance Programme

1. Have you previously auditioned for the CAT? Yes /No
2. Why do you want to join the CAT? \*
3. Do you attend a dance school? \* Yes / No
4. If yes, which dance school do you attend?
5. Please give details of any dance projects, classes, workshops, exams, festivals and/or performances that you have taken part in
6. Please list any evening activities that you currently attend (include ALL activities

e.g. dance, drama, music and sports etc)

# EMERGENCY CONTACT

1. The name of the person to contact in an emergency \*
2. Emergency contact telephone number \*
3. Relationship to applicant \*
4. Are you currently on any form(s) of medication? \* *Yes /No*
5. If yes, please give details:

# ADDITIONAL NEEDS/DISABILITIES

1. Do you consider yourself to have a disability or are you registered disabled \*
2. If yes, please give details:
3. Do you have any developmental needs/disabilities e.g. ADHD/ADD, autism, spectrum disorder, dyslexia, dyspraxia, other? \* Yes / No
4. If yes, please give details below:
5. Have you suffered any injuries to the body/brain? \* *No /Yes*
6. If yes, please give details below including the year in which you received the injury:

|  |  |  |  |
| --- | --- | --- | --- |
| 40. | Do you have any learning needs/disabilities e.g. spina bifida, down's syndrome, other? \* Yes / No If yes, please give details below:1. Do you have any medical needs e.g. allergies, arthritis, diabetes, epilepsy, ME/chronic fatigue, other? \*
 |  |  |
| 1. Do you have any mental health needs/disabilities e.g. bipolar, depression, eating disorder, self-harm, other? \*
2. Do you have any progressive needs e.g muscular dystrophy, other? Yes /No

If yes please give detail: 1. Do you have any sensory needs/disabilities e.g. hearing, vision, other? \* Yes / No

If yes please give detail: 1. Please give details of any medical/other important information that the CAT team should be aware of:
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MEDIA

CONSENT

The Swindon Dance Centre for Advanced Training (CAT) takes film and photographs

of class/workshop participants for marketing, to illustrate the positive work being

done as part of the National Dance CATs partnership and to share their experiences

with family and friends.

1. I give permission for me/my child to be photographed and/or filmed for the purpose of the CAT and Swindon Dance.
2. I give permission for the resulting images/videos to be used by the CAT and Swindon Dance for marketing, publicity purposes and in public performances and screenings. This includes ticketed events, in print and online (examples of which include social media platforms, leaflets, newsletters, newspaper articles, publications & reports and dance related websites and digital platforms.)
3. Your details will be securely stored on file and on computer so we can contact you about the Centre for Advanced Training & Swindon Dance. All information given will be treated as confidential and will only be used for the purpose for which you have provided it. Medical information may be shared with class teachers to ensure your/your child’s safety. To see the full Privacy Policy go to https://www.swindondance.org.uk/about-us/ Applicants' details will be added to our database from which they may receive emails about performance and local opportunities.

I do not wish to be added to the CAT & Swindon Dance mailing list

# NEXT STEPS

Please remember to bring a PASSPORT SIZE PHOTO of yourself when you attend your audition. You will receive confirmation of your place on the audition, along with further details, once your application has been processed by a member of the CAT team.

Please return this form via email to cat@swindondance.org.uk or via post to

Centre for Advanced Training, Regent Circus, Swindon, SN1 1QF.