

Tell us about yourself (Please write neatly in block capitals and in black ink)

First name(s)/legal name(s):

Family / Surname:

Date of Birth:

Permanent address:

Gender: Male Female

Postcode:

Tel. Home:

Mobile:

E-mail:

Unique Learner Number (if known):

Have you been living in the UK/EEA for the last 3 years? Yes No

What is your nationality?

If you are, or have been, living overseas please state your date of entry into the UK:

Parents Name:

E-mail:

Tell us about your qualifications

Please indicate below all the qualifications you have already taken and details of those you will be taking in the summer. If you are still at school and are unsure of your grades ask your Careers Teacher or Head of Year for your predicted grades.

Name of present or former school if under 18:

Date of leaving:

Subject	Level (For example, GCSE/AS)	Grade or Predicted Grade	Date of Exam
GCSE English			
GCSE Maths			
GCSE Science			
Other subjects			

No formal or expected qualifications

Course you wish to apply for

Dance

Acting

Name of present Dance or Drama school:

Dance or Drama qualifications/awarding body:

Further Dance or Drama education, training and performance experience:

Tell us more about yourself

Please tell us more about yourself. Why you would like to do this course, any relevant work experience, part-time employment, hobbies or achievements.

Do you have support at school for anything?

Yes

No

Please tell us if you have any disability or learning difficulties. (Please tick appropriate box/es)

Visual impairment

Disability affecting mobility

Social and emotional difficulties

Moderate learning difficulty

Dyslexia

Autistic spectrum condition

Temporary disability after illness
(e.g. post-viral) or accident

Other specific learning difficulty
(e.g. dyspraxia, dyscalculia, ADHD)

Other learning difficulty

Hearing impairment

Profound complex disabilities

Mental health difficulty

Severe learning difficulty

Other physical disability

Other medical condition
(e.g. epilepsy, asthma, diabetes)

Prefer not to say

None

Other (please specify)

Do you have an Educational Healthcare Plan?

Yes

No

How did you hear about the course you are applying for?

School

College Website

Facebook

Twitter

Search engine

Advertising

Radio

Word of mouth

Keeping in touch

For you to stay up to date with your application process or enquiry we will get in touch with you from time to time to inform you about college events including open days and other events as well as other relevant information such as new courses or services that we intend to provide.

Yes please, I would like to receive communications by email

Yes please, I would like to receive communications by mobile (SMS)

Yes please, I would like to receive communications by telephone

Yes please, I would like to receive communications by post

No, I would prefer not to be contacted

Equal Opportunities Monitoring - Ethnicity

(Please tick which group best describes you)

White

English/Welsh/Scottish/Northern Irish/British

Irish

Gypsy or Irish Traveller

Other White background

Mixed/Multiple Ethnic Group

White and Black Caribbean

White and Black African

White and Asian

Other Mixed/Multiple ethnic background

Asian/Asian British

Indian

Pakistani

Bangladeshi

Chinese

Other Asian background

Black/African/Caribbean/Black British

African

Caribbean

Other Black/African/Caribbean background

Other Ethnic Group

Arab

Other ethnic group

Declaration

Do you have an unspent criminal conviction or pending criminal investigations?

Yes No

If yes please give the name and contact details of a person we can contact for further information.

Applicant Signature:

Date:



Please return your completed form to

info@debutstudios.uk



For general course enquiries, application enquiries or to request this form in alternative formats please call
0161 429 6419

Office use only

ID No:

Date Rec:

Date Ack: