

Free Open Day Application Form

Name: _____ Please circle as appropriate: Male Female Date of Birth: _____

Address: _____ Age _____

Postcode: _____ Home Telephone: _____

Applicant's mobile phone number and email address: _____

Emergency contact details:

Name: _____

Contact Number: _____

E-mail: _____

Proposed year of entry into full time training _____

Name & Address of current dancing school: _____

Have you any condition requiring treatment by a physiotherapist or osteopath? Yes/No

Have you ever had any broken or fractured bones? Yes/No

Do you suffer from asthma or migraines? Yes/No

Do you have any blood conditions, e.g. diabetes, anaemia etc.? Yes/No

Have you had any major operations? Yes/No

Have you had any serious illnesses or injuries in the last three years? Yes/No

Are you allergic to anything? Yes/No

Have you any eye/ear problems? Yes/No

Do you have any disabilities, learning difficulties or mental health issues? Yes/No

If the answer to any of the above questions is yes, please give further details, including dates and treatment received. We will expect you to have any medication and instruction for the administration of it with you at all times.

I declare that all the information regarding illnesses and injuries is accurate to the best of my knowledge.

Signature of
applicant _____

Parents consent: I _____ give permission for my son/daughter/ward to attend the Stella Mann College Open Day.

Signature of parent/guardian (if applicant is under 18) _____

Please return this form to info@stellamanncollege.co.uk or to our address:

The Administrator
Open Day
Stella Mann College
10 Linden Road
Bedford
MK40 2DA

Please note that places are limited and applicants must be age 14 or over. Please return this form as soon as possible. You will be informed of the outcome of your application once it has been processed.