

# Application for Audition

10 Linden Road  
Bedford  
England MK40 2DA  
Tel: +44 (0)1234-213-331  
Fax: +44 (0)1234-217284



Name: \_\_\_\_\_ Please circle as appropriate: Male Female Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_

Parent E-mail: \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation of Father: \_\_\_\_\_

Occupation of Mother: \_\_\_\_\_

Ethnic Origin – please tick one box. (Please note that the college does not discriminate against anyone of any ethnic extraction – this is for data collection only.)

WHITE			BLACK OR BLACK BRITISH			ASIAN OR ASIAN BRITISH				CHINESE	MIXED				NOT KNOWN
British	Irish	Other	African	Caribbean	Other	Indian	Pakistani	Bangladeshi	Other	Chinese	White & Asian	White & Black African	White & Black Caribbean	Other	

Passport – (please circle which passport you hold) EU OTHER If you have circled 'other' please describe

Name & Address of current dancing school: \_\_\_\_\_

Dance examinations passed: (Please state whether RAD, ISTD, BBO, IDTA etc)

BTEC applicants please list your GCSE/A Level results if known:

Dance and Musical Theatre Courses for Performers are accredited by the Council for Dance Education and Training. Stella Mann College promotes individuality and difference and welcomes applications from people from under-represented groups.

**Principal Mary Breen FISTD**

**Business Registration No: 1172034**

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Name of applicant \_\_\_\_\_

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.

\_\_\_\_\_

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\_\_\_\_\_

Will you be responsible for payment of fees? Yes/No

If not, to whom will you apply for assistance \_\_\_\_\_

Requested date of entry (minimum age 16+ years) \_\_\_\_\_

Please enclose with this form an Audition Fee of £35 (Cheque payable to Stella Mann College of Performing Arts Limited) together with a recent photograph of yourself taken in dance-wear. **Please note this fee is non-refundable.**

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

Signature of applicant \_\_\_\_\_

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

Please return this form to [info@stellamanncollege.co.uk](mailto:info@stellamanncollege.co.uk) or to our address:

The Administrator,  
Stella Mann College of Performing Arts Limited,  
10 Linden Road,  
Bedford,  
MK40 2DA