



APPLICATION FOR FULL-TIME STUDY

HNC / HND MUSICAL THEATRE

HNC / HND PROFESSIONAL DANCE PERFORMANCE

DEGREE (LEVEL 9) IN PERFORMING ARTS MAJORING IN
MUSICAL THEATRE

PROFESSIONAL DANCE PERFORMANCE

1 PERSONAL DETAILS

FIRST NAME(S):

SURNAME:

AGE:

DoB:

NATIONALITY:

ADDRESS:

POSTCODE:

HOME TELEPHONE:

MOBILE:

EMAIL:

SCN:

NI NUMBER:

2 DANCE QUALIFICATIONS

	AWARDING BODY	GRADE	DATE
BALLET			
TAP			
MODERN / JAZZ			
OTHER DANCE STYLES PLEASE LIST BELOW			

3 ACADEMIC QUALIFICATIONS

SUBJECT	AWARDING BODY	GRADE	DATE

4 MEDICAL INFORMATION

4.1 Do you suffer from any condition requiring medical treatment on a regular basis?
(i.e.: diabetic, asthmatic, epileptic, depression etc.) **YES / NO**

If **YES**, please specify:

4.2 Do you suffer from any allergies?
(or major dislikes e.g.: certain foods, materials or medication) **YES / NO**

If **YES**, please specify:

4.3 Have you suffered from any fractures, breaks or chronic injuries? **YES / NO**

If **YES**, please specify:

4.4 Have you received a tetanus injection in the last five years? **YES / NO**

4.5 Do you consider yourself to have any special learning needs? **YES / NO**

If **YES**, please specify:

5 PERSONAL DECLARATION

By signing this application form, if I am selected to attend Jazzartuk:

- I agree to adhere to the rules and regulations of the course
- I agree to return all work (written and practical) by the deadline set
- I have disclosed all medical/physical conditions.
- I agree that photographs/videos taken during the course can be used for Jazzartuk publicity
- I acknowledge the need for professional behaviour during the course
- I agree to pay all fees outlined by the agreed dates

SIGNATURE:

DATE:

6 WRITTEN APPLICATION

In your own words, please state your aims and objectives for enrolling in the HNC/HND course (minimum 100, maximum 200 words).

7 DATA PROTECTION

It is essential that Jazzartuk collects personal information about candidates and passes this information on to the SQA. For example, they require names to print on certificates, addresses to post certificates to and dates of birth to distinguish between candidates of similar names. We must also forward details of achievements to the SQA so that they can issue certificates. Candidates undertaking SQA qualifications must supply these personal details to Jazzartuk.

Access to this information is strictly controlled but is shared within the education and training community, when appropriate. For example, the SQA supplies the Scottish Government with data for statistical analysis / official surveys.

Candidates have a right to access to the data held about them. In general, parents and others do not have the right of access under the Data Protection Act. All applications must come from the candidate. Jazzartuk will abide by the Data Protection principles, information on which can be found on: **www.dataprotection.gov.uk**

Parental / Guardian consent (for students under the age of 16 years) or personal consent for the above must be given before any candidate can enrol with Jazzartuk for SQA.

I hereby give consent and agree to the information explained above being handled by Jazzartuk.

SIGNATURE
OF STUDENT
IF OVER 16:

DATE:

PRINT NAME:

SIGNATURE OF
PARENT/GUARDIAN
IF UNDER 16:

DATE:

PRINT NAME:

Please return to:
Jazzartuk Centre of Performing Arts, 544 Windmillhill Street, Motherwell ML1 2AU
or **contact@jazzartuk.com**
Telephone: **07774 133972** or **07584 027273**