

The College of Dance

PROFESSIONAL DANCE DIPLOMA

APPLICATION FORM (1)

Please Affix a
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Name: _____

Address: _____

_____ Date of Birth: _____

Telephone No: _____ Contact No: _____

Name of Parent / Gaurdian: _____

Address: _____

EDUCATIONAL DETAILS

Primary Education:

_____ From: _____ To: _____

Secondary Education:

_____ From: _____ To: _____

Examinations taken:

_____ Year: _____ Result: _____

_____ Year: _____ Result: _____

DANCE TRAINING

School(s):

_____ From: _____ To: _____

_____ From: _____ To: _____

Examinations taken:

_____ Year: _____ Result: _____

_____ Year: _____ Result: _____

Experience - Performance / Choreography / Workshops etc:
