

THE COLLEGE OF DANCE

TRANSITION YEAR DANCE PROGRAM APPLICATION FORM

PLEASE AFFIX
A PASSPORT
SIZE PHOTO
HERE

Name:

Date of Birth: Age:

Address:

..... Tel No:

Email: Mobile:

Name(s) of Parent / Guardian:

Address:

Email: Mobile:

EDUCATIONAL INFORMATION

Primary Education: From: To:

Secondary Education: From: To:

Examinations Taken:

..... Year: Results:

..... Year: Results:

DANCE TRAINING

Schools:

..... From: To:

..... From: To:

Examinations Taken:

..... Year: Results:

..... Year: Results:

Experience - Performance / Choreography / Workshops etc:

.....

.....

MEDICAL QUESTIONNAIRE

Please detail any record of broken bones, joints or spinal injuries you may have had, with dates & details of treatment:

.....
.....

Please describe, giving dates, any record of serious disease, blood disorders or heart conditions, e.g. glandular fever, diabetes, rheumatic fever, polio:

.....
.....

Describe any record of hay fever, eczema, allergies or skin conditions:

.....
.....

Describe any serious operations you may have had:

.....
.....

Describe any record of eye or ear problems:

.....
.....

Have you any history of migraines, blackouts, epilepsy or asthma? If so please detail with relevant dates:

.....
.....

Have you any history of depression, anxiety or other nervous disorders? If so please detail with relevant dates:

.....
.....

Are you currently taking any medication or drugs? If so, please state for what condition and name the drugs:

.....
.....

If you answered yes to above question, was the medication prescribed by your doctor?

.....
.....

Do you have a history of weight management issues? If so please describe with relevant dates:

.....
.....

Please state any other relevant medical details not covered by question 1 - 10:

.....
.....

Please provide your doctor's name and address:

.....
.....

Please note: In the interest of student safety the College may require further medical information to be supplied. We collect this data in the interest of ensuring that this program is suitable for you. We will store this information until the point at which you either do not complete the entry process or participate and complete the course. For more information please get in touch

DECLARATION

I declare that, to the best of my knowledge, the information given in the application form is complete and correct:

Applicant Signature:

Date:

Parent/Guardian Signature:

Date:

Post completed application forms to **The College of Dance, St. Catherine's Sports Centre, Marrowbone Lane, Dublin, D08 W5WC**. Alternatively scanned or photographed forms can be email to **admin@collegeofdance.com**.

For more information please contact us by phone on **086 8039 739** or email **admin@collegeofdance.com**