**PERSONAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of Birth(DD/MM/YY) |  |
| Gender |  | Age  |  |

|  |  |
| --- | --- |
| Address (of applicant) |  |
|  |  |
| City/Town |  |
| County |  |
| Postcode |  |

|  |  |
| --- | --- |
| Email Address  |  |
| Phone/Mobile  |  |
| EMERGENCY CONTACT DETAILS |  |
| Name of Parent/ Guardian |  |
| Email Address (Parent/Guardian) |  |
| Phone/Mobile (Parent/Guardian) |  |

|  |  |
| --- | --- |
| **Medical History** - Please detail any recent or current injuries, together with dates: |  |
| Does the applicant have any other medical conditions?  | (e.g. allergies, asthma, etc)? If yes, please specify:  |
| Does the applicant have any other specific requirements we should be aware of?  | If yes, please specify:  |

**EDUCATION**

|  |  |
| --- | --- |
| School Name  |  |
| School Address |  |
|  |  |
| Dance School Name |  |
| Dance Teachers Name |  |
| Dance School Email |  |
|  |  |
| Do you have any academic qualifications in dance, or significant dance achievements, if applicable (include date completed or scheduled date of completion) |  |

**QUESTIONS**

|  |  |
| --- | --- |
| Dance Training/Experience (Please include as much information as possible - any dance schools/organisations attended, dance styles studied, youth dance companies, dance clubs, performances you have participated in) |  |

|  |  |
| --- | --- |
| Long-Term Dance GoalsIn what role(s) do you see yourself working in dance? (You may tick more than one) | **Dancer: Choreographer: Dance teacher:**Interested in all of the above. Other (please specify): |
| Please give a little more detail about your long-term goals and the methods you may need to use to achieve such ambitions: |  |

|  |  |
| --- | --- |
| Please use this section for any further information about your dance experience and/or long term dance goals etc |  |

|  |  |
| --- | --- |
| How did you find out about the HATS Course? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Signature |  | Date |  |
| Parent/GuardianSignature |  | Date |  |