

Application Form

Please attach
a recent
HEAD and SHOULDERS
photograph here

Please complete this form in BLOCK CAPITALS and return by post to the address above
Applicants from overseas may scan and email the form and photographs to
contact@moreaperformingarts.com

Page 1 of 2

Delete as appropriate • Miss • Ms • Mr • other _____

First name (s)
Family name (s)
Email address (for contact purposes)

Full Address	Date of Birth	Home Phone
	Age at commencement	Mobile Phone
	Height (in metres and cm)	Twitter address
Post Code		
City (and country if outside the UK)	Are you applying for any of our available Awards and Bursaries to partially fund your course with us Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of parents/legal guardian (s)	Ethnic origin. Please tick as appropriate White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background <input type="checkbox"/> Mixed <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background <input type="checkbox"/> Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background <input type="checkbox"/> Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background <input type="checkbox"/> Chinese <input type="checkbox"/> Not declared <input type="checkbox"/> Any other ethnic group <input type="text"/>	
Full address if different to the above		
Mobile and Phone numbers		

Dancing School (Current)

School name
Principal's name
Full Address
Post code
Email address and telephone number

Dance and performance training experience

Please stipulate the **highest** level achieved in dance and other performance skills and the awarding body e.g. ISTD, RAD, BBO, IDTA, LAMDA, etc.

Discipline	Years studied	Hrs a week (last 2 years)	Highest level achieved	Awarding body	Result	Date
For example	6	3	Intermediate	RAD	Merit	June 2013
Ballet						
Tap						
Modern/Jazz						
Contemporary						
Singing						
Drama						

For MPArts office use only

Ace

Audition Date

Result

Academic School attended

School name
Full Address
Post Code
Email address

Certificates gained (Academic) Eg. GCSE, A level or similar

Qualification	Subject	Grade	Year
For example GCSE	Mathematics	B	2012
Please add your own pages if necessary for other academic examinations to be taken			

Please share with us your performance experience if any (add your own pages if necessary)

Why have you chosen to audition at Morea Performing Arts and how did you hear about us?

What are your career aims? Please add your own pages if necessary

Have you auditioned already in any other colleges or do you have any other auditions due? Have you received any acceptances? Please add your own pages if necessary

Injuries or illness Please list any injury or serious illness that we should be aware of:
(If your audition is successful, you will be expected to supply a full medical fitness report prior to registration)

Date	Injury/Illness

Please include with this application

- **A character reference from your dance teacher.**
- **3 Photographs 1x Head and shoulders attached to the front page of this form and 1x full length in dance wear (no skirts) facing front, feet parallel and 1x in any dance position of your choice.**
- **Your audition fee of £45 as a cheque made payable to Morea Performing Arts with the applicant's name written on the reverse of the cheque. Applicants from abroad should contact us to arrange your payment.**

Places will be offered on the basis of potential and suitability to enter the profession. MPArts does not discriminate against applicants on the grounds of gender, disability, ethnicity, religion or sexuality.

In order to meet your needs during the audition process and course, we encourage students to disclose any condition (eg. Physical, sensory or cognitive) at the earliest opportunity. Physical disability Visual disability Hearing disability Dyslexia/Dyspraxia Learning disability Other

Please describe

Applicant's signature	Parent/legal guardian's signature	Date
-----------------------	-----------------------------------	------