

**Office use only:**

Audition Date: ..... Confirmed: .....  
 Audition Time: ..... Received Payment: .....  
 ID Confirmed: ..... Year: .....  
 Qualifications Checked: ..... Course Code: .....

Please affix a recent  
passport size  
photograph  
of yourself here

# APPLICATION AND ENROLMENT FORM

## AUDITION FEE £35.00

**Please note:** The non-refundable audition fee must be enclosed with this application together with a passport size and FULL LENGTH photograph. Mature students should provide 2 references, preferably one from an employer.

Other student applications should provide a reference from their school or college.

## Student Courses

Please tick the courses that you are applying for. If you wish to be considered for more than one course, please state order of preference. E.g. 3 year Performing Arts with Teacher Training 1st, 1 Year Foundation Course, 2nd.

	order of preference		order of preference
A. 3 Year Performing Arts	<input type="checkbox"/> .....	D. 1 Year Foundation Course	<input type="checkbox"/> .....
B. 3 Year Performing Arts with Teacher Training	<input type="checkbox"/> .....	Optional, Part Time 1Yr L3 BTEC Certificate in Performing Arts	<input type="checkbox"/> .....
C. 2 Year Full Time- BTEC Level 3 Extended Diploma in Performing Arts - 16-18yrs	<input type="checkbox"/> .....	E. BTEC L3 Certificate in Performing Arts Part Time 1Yr - 16-18yrs	<input type="checkbox"/> .....
Optional, Top up to 1 Year Foundation Course	<input type="checkbox"/> .....	F. DDI/DDE Mini Course	<input type="checkbox"/> .....
Optional, Top up to 3rd year of PA Course	<input type="checkbox"/> .....	G. Performing Arts Mini Course – 3 Day Course	<input type="checkbox"/> .....
		H. Part Time Professional Course 9-18yrs	<input type="checkbox"/> .....

## Applicant

Mr/Miss/Mrs/Other: ..... First Name: ..... Last Name: .....

Date of Birth: ..... Age: ..... Gender: ..... CRB number: if applicable: .....

National Insurance Number: ..... School Unique Learner Number (if known) .....

Home Address: .....

Post/Zip code ..... Country .....

Term Address (If different): .....

Post/Zip code ..... Country .....

E-mail (Very Important): .....

Home Tel: ..... Mobile: .....

Parents' or Guardians Name: Father ..... Mother .....

Parents' or Guardians occupation: Father ..... Mother .....

## Emergency Contact Details

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_  
If you are under 19 please supply parent/guardian Email: \_\_\_\_\_

## Nationality

Nationality: \_\_\_\_\_ Where were you born? \_\_\_\_\_  
Where do you live now? \_\_\_\_\_ How long have you lived in the UK? \_\_\_\_\_  
If you have lived here less than three years please tell us your date of entry? \_\_\_\_/\_\_\_\_/\_\_\_\_  
Please tick if any of the following apply to you:  
Dependant ☐ Asylum Seeker ☐ Refugee ☐ Indefinite Leave to remain ☐ Limited Leave to remain ☐  
State Expiry Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Passport Number: \_\_\_\_\_  
Do you have any unspent convictions or pending court cases? Yes ☐ or No ☐

## Support Services

In order that Italia Conti Arts Centre and Guildford college can provide appropriate support for you, please tell us about any particular health, educational or domestic issues that you may have. Any medical information you provide with us will be shared with the appropriate people in the case of an emergency. Please tick all that apply and give further details on a separate sheet if necessary.

- |   |  |  |
|---|--|--|
| 01 Blind/Visual Impairment <input type="checkbox"/>     | 02 Deaf/hearing impairment <input type="checkbox"/>  | 03 Mobility difficulties <input type="checkbox"/>              |
| 04 Other physical difficulties <input type="checkbox"/> | 05 Epilepsy/asthma/diabetes <input type="checkbox"/> | 06 Emotional/behavioural difficulties <input type="checkbox"/> |
| 07 Mental health issues <input type="checkbox"/>        | 10 Aspergers <input type="checkbox"/>                | 90 Multiple disabilities <input type="checkbox"/>              |
| 97 Other <input type="checkbox"/>                       | 98 No disability <input type="checkbox"/>            |  |

**L15**

## Do you have any medical condition which significantly affects daily life?

Do you have any medical condition which significantly affects daily life?

- |   |   |
|---|---|
| I have to carry routine/prescribed medicines <input type="checkbox"/>       | I am receiving medical treatment by my GP/Hospital <input type="checkbox"/>         |
| I have an EpiPen for anaphylactic Shock Recovery <input type="checkbox"/>   | I have been given medical advice to follow in an emergency <input type="checkbox"/> |
| 01 Moderate Learning Difficulty <input type="checkbox"/>                    | 02 Severe Learning Difficulty <input type="checkbox"/>                              |
| 10 Dyslexia <input type="checkbox"/>  | 11 Dyscalculia <input type="checkbox"/>   |
| 19 Other specific learning difficulty <input type="checkbox"/>              | 20 Autism spectrum disorder <input type="checkbox"/>                                |
| 90 Multiple learning difficulties <input type="checkbox"/>                  | 97 Other <input type="checkbox"/>   |
| 98 No learning difficulty <input type="checkbox"/>                          | Have you had learning support before? <input type="checkbox"/>                      |
| Have you had special arrangement for exams before? <input type="checkbox"/> |   |

**L16**

## Ethnicity

Monitoring of Ethnic origin. Completion is voluntary and information supplied will only be used for statistical purposes and will be treated as confidential. Please tick the group to which you belong. *Please tick*

**L12**

- |  |  |   |
|--|--|---|
| 31 White British <input type="checkbox"/>                    | 32 White Irish <input type="checkbox"/>                        | 34 White- Any other background <input type="checkbox"/>                 |
| 33 Gypsy or Irish Traveller <input type="checkbox"/>         | 42 Chinese <input type="checkbox"/>                            | 41 Asian or Asian British Bangladeshi <input type="checkbox"/>          |
| 39 Asian or Asian British-Indian <input type="checkbox"/>    | 40 Asian or Asian British Pakistani <input type="checkbox"/>   | 43 Asian or Asian British other Background <input type="checkbox"/>     |
| 44 Black or Black British - African <input type="checkbox"/> | 45 Black or Black British - Caribbean <input type="checkbox"/> | 46 Black or black British any other background <input type="checkbox"/> |
| 47 Arab <input type="checkbox"/>                             | 37 Mixed- White Asian <input type="checkbox"/>                 | 36 Mixed -White and black African <input type="checkbox"/>              |
| 35 Mixed - White & Black Caribbean <input type="checkbox"/>  | 38 Mixed -any other background <input type="checkbox"/>        | 98 If none of the above please specify details <input type="checkbox"/> |

Academic Qualifications

Please list all your educational qualifications (example any GCSE's or BTEC qualifications).

School	From	To	Qualification Type	Subject and Awarding Body	Grade Predicted	Grade Awarded	Certificate held on file

Note: You will be required to present copies of your results if offered a place.

Vocational Qualifications

ISTD LEARNER PIN:

UNIQUE LEARNER NUMBER: (If known)

Year	Subject	Level/Grade	Board/Society	Result

ISTD Teacher Training

If you are wishing to take ISTD teaching qualifications please tick the genres you wish to take?

Imperial Classical Ballet ☐      Modern Theatre ☐      Tap Dance ☐

How did you hear about the College/Course(s)? please tick

I live locally	<input type="checkbox"/>	I am a previous student	<input type="checkbox"/>	Recommended by friends/family	<input type="checkbox"/>
Recommended by my employer	<input type="checkbox"/>	College email	<input type="checkbox"/>	College website	<input type="checkbox"/>
Other website	<input type="checkbox"/>	Open day at the College	<input type="checkbox"/>	College stand at external event	<input type="checkbox"/>

## Funding

How do you intend to fund the course and support yourself? (e.g. *Career development loan, private means etc*). **Not required if applying for a BTEC course as they are government funded.** However any additional Top Ups are full fee paying.

### Applicable to students applying for the 3 year Performing Arts Diploma Course Only:

Do you wish to be considered for a Scholarship. YES ☐ NO ☐

If so, how much would you be prepared to pay per academic year? \_\_\_\_\_

## Confirming your understanding

I acknowledge that I understand the entry requirements, guided learning hours, the nature of the study programme and progression opportunities it may lead to. I can confirm that this course is suitable for me. I understand that, should I require it, additional support is available to me in the form of extra help with my studies/disability support/ educational guidance/counselling.  
I agree to adhere to the Italia Conti Conditions of Enrolment, which I have read and fully understood.

Student Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Personal statement

Please state in no more than 150 words why you have applied for the course(s) and why you think you have the necessary potential to succeed.

**General:** Please list all schools/colleges/universities you are applying to in order of preference.

1. _____	2. _____
3. _____	4. _____

## For office use only:

### Proof Of Identity

Name ☐ DOB ☐ Documents Seen: \_\_\_\_\_

### List 1- 1 Document Seen

Passport ☐ EU ID Card ☐ Photocard Driving Licence ☐ Birth Certificate ☐

### List 2- 2 Documents Seen

Bank/Credit Card Statement ☐ Council tax letter ☐ Utility bill ☐

NHS Medical Card ☐ Inland Revenue Letter ☐

Age Band: 14-15 ☐ 16-18 ☐ 19+ ☐

Staff Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_