



# Application Form

**2 Year Course**

BTEC National Level 3 Extended Diploma in Performing Arts (Musical Theatre)

**3 Year Course**

Trinity Level 6 Diploma in Professional Musical Theatre

Please ensure you enclose the following photographs showing:

- Head and shoulders
- Full length front, side and back (*wearing practise clothes*)

Surname:	
First Names:	
Address:	
Post Code:	
Phone Number:	
Mobile Number:	
Email:	
Date of Birth:	
Gender:	
National Insurance:	

## Ethnic Origin

White	Mixed	Asian or Asian British	Black or Black British	Other Ethnic Groups
British <input type="checkbox"/>	White and Black Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
Irish <input type="checkbox"/>	White and Black African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	African <input type="checkbox"/>	Any Other Ethnic Group <input type="checkbox"/>
Any Other White Background <input type="checkbox"/>	White and Asian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Any Other Black Background <input type="checkbox"/>	Not Declared <input type="checkbox"/>
	Any Other Mixed Background <input type="checkbox"/>	Any Other Asian Background <input type="checkbox"/>		

How did you hear about LCPA?

- Website
- Social Media
- Event/Exhibition
- School Careers
- Dance School

Other.....

Previous Academic Education: *(starting with your last qualification taken)*

School/College	Qualification	Level	Subject/Title	Results

Previous Performing Arts Training: *(attach a reference from your principal/teacher)*

School/College	Discipline Studied	Hours of Training <i>(per week)</i>	Dates <i>(from - to -)</i>

Vocational Examination Details:

Discipline	Last Exam Taken	Examining Body	Date Taken
Classical Ballet			
Modern Jazz			
Tap			
Other			
Other			

Performance Experience:


**Personal Statement:** *(include your career aims and ambitions)*


Name of doctor:

Surgery address and contact number:.....

**Please indicate yes or no to the following questions:**

Question	Y/N	If yes please give further details
Have you had any serious illness or injury in the last three years?		
Are you currently taking any medication or receiving treatment for illness or injury?		
Have you had any operations?		
Have you ever had any broken or fractured bones?		
Have you any condition requiring treatment by a physiotherapist or osteopath?		
Do you have any blood conditions, e.g. diabetes?		
Do you suffer from asthma?		
Do you suffer from migraines?		
Do you suffer from any allergies e.g. hay fever?		
Do you have any vision/hearing problems?		
Any other medical condition?		
Do you have any learning difficulties e.g. Dyslexia?		

I confirm that the above information is correct to the best of my knowledge.

Signed: .....Date:.....  
*(Student)*

Signed: .....Date:.....  
*(Parent/Guardian if under 18)*

LCPA will control and process your personal data in accordance with the Data Protection Act 1998, and the General Data Protections Regulation from the 25<sup>th</sup> May 2018 when it came into force. Further information is available either on the LCPA website or by contacting the Data Protection Officer at the LCPA.