



Application Form

Please tick the course you are applying for:

- 2 Year Acting Course:** BTEC National Level 3 Extended Diploma in Performing Arts (Acting)
- 2 Year Dance Course:** BTEC National Level 3 Extended Diploma in Performing Arts (Dance)
- 2 Year Musical Theatre Course:** BTEC National Level 3 Extended Diploma in Performing Arts (MT)
- 3 Year Musical Theatre Course:** Trinity Level 6 Diploma in Professional Musical Theatre

Please ensure you attach 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:	
Emergency Contact Name:	

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/Theatre 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>

Graded Examination Details: *(if applicable)*

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

Personal Statement: *(include any performance experience, 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
Do you have any medical conditions?		
Do you have any learning difficulties?		

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 25th 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.