



Please affix two passport size photos here.

# APPLICATION FORM 3 YEAR MUSICAL THEATRE DIPLOMA COURSE

If at any point you need to use another sheet of paper please ensure that it is securely

fastened to this application form. If any part of the application form is not completed fully then the administration department will be unable to process your application

Please complete the form using BLOCK CAPITALS

## Applicants Details – 2018 ENTRY

Surname:	
First Name (s):	
Address:	
	Postcode:
Nationality:	First Language:
D.O.B	
Home Tel No:	mobile:
Email Address:	
Parents/Guardians Details	
Parents/Guardians Details  Details of Mother/Guardian	Details of Father/Guardian
	Details of Father/Guardian  Name
Details of Mother/Guardian	
Details of Mother/Guardian  Name	Name
Details of Mother/Guardian  Name	Name
Details of Mother/Guardian  Name  Address	Name Address
Details of Mother/Guardian  Name  Address	Name Address
Name Address  Postcode  Occupation:	Name Address  Postcode  Occupation:
Name Address  Postcode	Name Address  Postcode
Name Address  Postcode  Occupation:	Name Address  Postcode  Occupation:
Name Address  Postcode  Occupation:  Home Tel No:	Name Address  Postcode  Occupation:  Home Tel No:

# Education Details: Academic School(s) Academic qualifications although desirable are not essential Name(s) and Address(es) of school attended from age 11 **Email Address:** Academic Examinations Passed (Please state level e.g. GCSE, AS Level, A Level, etc... Please state PREDICTED grades if not yet taken. Subject Level Grade Date Taken **Education Details: Performing Arts School** Name and Address of current dance/performing arts school/college Principal: **Email Address:** Please list below ALL Dance and Performing Arts training/classes that you have taken. **Examining Board** Date of last Subject **Years Studied** Level attained (e.g. RAD, LAMDA, etc.) Examination Ballet Tap Jazz/Modern Singing Drama other other Please list below any special skills that you have or if you participate in any sports or have a regular hobby. E.g. Juggling, gymnast, ballroom dancing etc.

## Please give details of any performing experience that you have had.

Please list public productions at school, youth theatre, amateur societies or professional engagements.

Please attach a separate sheet of paper if necessary.

	Г	
Date	Details	
•	rates an Equal Opportunities Policy and there ding with you, have any special requirements	• •
Please give details	of any serious injuries, illness, , disabilities or lear	rning difficulties (including dyslexia)
How did you book	about CDA Callaga?	
now did you flear	about CPA College?	
The Stage Newspa	per 🗆	
The Dancing Times		
Academic School		
Performing Arts Sc	chool 🗆	
Internet Search En	gine 🗆	
Other (please state)		
		<del>_</del>
Miles Theatre /De		
which Theatre /Da	ance related magazines do you read?	
		☐ YES
Have you audition	ed for CPA College before?	□NO
		<del></del>
If yes what was the	e outcome? Accepted / not accepted / accept	ed on to course but you declined the place
,	, , , , , , , , , , , , , , , , , , , ,	
Please list any ot	her Colleges that you are applying to:	

## **PERSONAL STATEMENT**

oarents/guardians. Try and make your statement and answers as full and thorough as possible.  Why do believe you are suitable for full-time specialist training?  What are your career plans, both short and long term?					
	osen CPA College?	ore and long terms			

Please write a short statement including answers to the questions listed below. Continue on a separate sheet if necessary,

# A NON-REFUNDABLE AUDITION FEE OF £35.00 MUST BE ENCLOSED WITH THIS FORM. CHEQUES SHOULD BE MADE PAYABLE TO 'CPA STUDIOS'

The Principal and the audition panels' decision is full and final with regard to entry to the college and we regret that no correspondence can be entered into for unsuccessful applicants.

#### I CONFIRM THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION ON THIS FORM IS CORRECT.

SIGNATURE OF APPLICANT		SIGNATUR	SIGNATURE OF PARENT/GUARDIAN			
			(if under 18)			
DATE			DATE			
CHECKLICT						
CHECKLIST  Refore sending	off your applica	tion please use the checklist below	to ensure that you have include	ed all relevant paperwork.		
before sending	on your applica	tion please ase the electrist selow	to chisare that you have melad	an recevoir paper north		
		1 small head and shou	lders photo attached to	application form and 1 enclosed		
		1 full length photograp	oh in dance wear			
		Non-refundable Auditi	on Fee of £35.00 (chequ	e payable to CPA STUDIOS)		
		Sign & date the form				
Please return complete	ed application	n form to:	The College	e Recruitment Officer		
			CPA Studios			
			219b North			
			Street Romford			
			Essex			
			RM1 4QA			

NB: Please contact the recruitment of ficer immediately if any of your contact details change: 01708~766007~college admin@cpastudios.co.uk

# **CPA Studios Equal Opportunities Monitoring Form**

Please be assured that the information given on this form will be held on file and only used as a collective total in order for us to monitor our Equal Opportunities Policy. CPA STUDIOS is committed to the Data Protection Act of 1998.

I would describe myself as being of the following ethnic origin:

White		Asian or Asian	Rritish	
White – British		Indian		1
White – British		iliulali		I
White – Irish		Pakistani		]
Any other White background		Bangladeshi		]
		Any other Asian	background	
Mixed / dual background		Black or Black	British	
White & Black Caribbean		Black Caribbean		]
White & Black African		Black African		]
White & Asian		Any other Black	background	
Any other mixed background				
Chinese		I do not wish t	to declare my ethnic o	origin 🗆
Any other Black background	_			
My gender is				
Female	Male			
Do you have any learning disabilities? Please deta	il		☐ YES	□NO
Do you have a disability as defined in the Disability	y Discrimination Ad	t?	□ YES	□ NO
Is your disability such that you will need assistance	e at audition?		□ YES	□NO
Name		Date of Birth		
Name		DII (II		
Signed		Date		



## **Confidential Statement of Financial Circumstances**

# in support of an application for Funding

The purpose of this questionnaire is to ensure that CPA Studios fairly allocate means tested funding to those who require assistance with course fees. Please answer all questions that apply, if you are unsure about answering any question please call the College Bursar for assistance. If you knowingly make a false statement funding will be withdrawn.

SECTION 1 TH	HE STUDENT				
First Names:		DOB:			
Surname:					
Address:					
	Post Code				
Landline No:					
Mobile No:					
Entry Yr	Em	mail address			
Do you live at ho	ome with your parents? Yes				
	No 🗌				
Do you pay rent	to a landlord? Yes No	0 🗌			
Do you work for	Do you work for an employer? Yes No				
What kind of work do you do?					
What is your em	ployers name and address?				
When did you st	cart this job?				
What is your gross salary per month?					
How many hours a week do you work?					

Please enclose 5 weekly payslips or 2 monthly payslips, applications cannot be processed without these documents. Please supply original documents and these will be returned to you.

SECTION 2 PARE	NTS/GUA	ARDIAN/PARTNER	- HOUSEHO	DLD INCO	OME			
Mother/Step Mothe	r/Partne	r First Name: Mr	s/Miss/Ms					
Surname:								
Father/Step Father/	Partner I	irst Name: Mr						
Surname:								
Parents joint addres	s:							
Are you the owner?		Joint owner?	□ Те	nant?		Other 🗆		
If parents are separa	ited, plea	ase detail second	address her	re				
Are you the owner?		Joint owner?	□ Te	nant?		Other $\square$		
Are you or anybody Benefit, Tax Credits,		•			t or Inco	ome Based Job S	eekers Allowance	, Child
YES and Customs.	If yes	s, please provide y	our latest e	entitleme	ent lette	er from Job Cent	re Plus or HM Rev	enue/
NO 🗆								
How much do you re	eceive m	onthly from these	allowances	s per mo	onth? £		]	
Number of depende	nt childr	en under 18 for w	/hom you ar	re respo	nsible, e	excluding the app	plicant	
Please give their age	s							
Is any child/adult sic	k or disa	bled? YES	N	NO [				

SECTION 2 FAILENTS/GOARDI	AIN				
Mother/Step Mother/Partner D	etails:				
Do you work for an employer?	YES [	Answer all o	questions in this	part	
	NO [	go to section	on 3		
What is your employer's name a	nd addre	ess?			
If you work for more than one er it with this form.	nployer,	tell us about all	other employer	s on a separate s	heet of paper and send
What kind of work do you do?					
What is your gross monthly earn	ings? [	£			
We must see your last 5 weekly preturned to you.	oayslips	or last 2 monthl	y payslips, origin	als must be sent	and these will be
Father/Step Father/Partner Deta	ails:				
Do you work for an employer?	YES [	Answer all o	questions in this	part	
	NO [	go to section	on 3		
What is your employer's name a	nd addre	ess?			
If you work for more than one er it with this form.	nployer,	tell us about all	other employer	s on a separate s	 heet of paper and send
What kind of work do you do?					
What is your gross monthly incor	ne?	£			

We <u>must</u> see your last 5 weekly payslips or last 2 monthly payslips, originals must be sent and these will be

returned to you.

SECTION 3 ABOUT BEING SELF EMPLOYED
Mother/Step Mother/Partner Details:
Are you self-employed? YES  NO
If NO are you a housewife? YES □ NO □
You <b>must</b> send us confirmation of self employment income from an independent accountant. If you have only recently set up the business and do not have a full year's accounts, we will need to see some other evidence of your income.
What kind of work do you do?
Father/Step Father/Partner Details:
Are you self-employed? YES  NO
You <b>must</b> send us confirmation of self employment income from an independent accountant. If you have only recently set up the business and do not have full year's accounts, we will need to see some other evidence of your income.
What kind of work do you do?
SECTION 4 ABOUT OTHER MONEY COMING IN
Does your household receive any payment from maintenance from partners, lodgers, interest on savings etc?  YES  N
If YES, please give details of these payments:
How much do you receive per month?
Have you any other income not already declared on this form? (For example rent from a property)
Yes No No
If yes how much do you receive per month £
SECTION 5 ABOUT SAVINGS, INVESTMENTS AND PROPERTY
Do you or your partner have any savings over £5,000? YES □ NO □
Do you or your partner own any stocks/shares? YES ☐ NO ☐
Do you or your partner own any other property or land? YES \( \square\) NO \( \square\)
Does the student have access to a trust fund? YES $\square$ NO $\square$
Total amount of fund £

#### SECTION 6 DECLARATION

In order to help the greatest number of students/parents who need financial assistance, all those who apply for a Bursary are asked first to enquire if they can access other trusts or funds and seek to find whether they are able to apply for a Professional and Career Development Loan (www.gov.uk)

WARNING: IF YOU KNOWINGLY MAKE A FALSE STATEMENT FUNDING WILL BE WITHDRAWN.

I declare that to the best of my knowledge, the information I have given above is correct.

STUDENT:	
Print Name	
Signature	
Date	
Parent/Guar	<u>dian:</u>
Mother/Step	Mother/Partner:
Print Name	
Signature	
Date	
Father/Step	Father/Partner:
Print Name	
Signature	
Date	

Please ensure you supply all relevant payslips/accounts in original format only, these will be returned to you.

Applications will not be progressed without proof of earnings.