

Ichthus Lee Green

23 Lampmead Road

London

SE12 8QJ

**Application Form for Elevate Training Courses**

Please indicate whether you wish to be considered for a place on:

☐ **Elevate Dance Foundation** only

☐ or **Elevate Dance Company** only

☐ or on either **Elevate Dance Foundation** or **Elevate Dance Company**

(If you are unsure which course is the most suitable for you, you are welcome to telephone us to discuss this, or otherwise tick the third box down to keep your options open.)

NAME: ………………………………………………………………………………………………………….

ADDRESS: …………………………………………………………………………………………………….

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TELEPHONE: Home: ………………. Work: ……………….. Mobile: ………………………………….

E-MAIL: ………………………………………………..…………….…………….………..

DATE of BIRTH: ………………………… NATIONALITY: ……………………………………

Qualifications/ Training/ Courses undertaken: please list all training and qualifications including those you are currently working towards. Remember to include any qualifications/courses undertaken in dance, the arts and/or teaching.

COURSE TITLE/ CERTIFICATE/ DATE WHERE

SUBJECT QUALIFICATIONS (from/to) OBTAINED

Please continue on a separate sheet if necessary.

DANCE/ PERFORMING ARTS EXPERIENCE:

Include all performing, teaching and arts administration experience. Please state if any of those listed were in a professional context.

DATES (from/to) DESCRIPTION

Please continue on a separate sheet if necessary.

DETAILS OF ANY OTHER ACTIVITIES, which you feel are relevant to this course.

Please continue on a separate sheet if necessary.

ARE YOU AT PRESENT INVOLVED IN A LOCAL CHURCH? Yes / No

If yes, NAME OF CHURCH ……………………………………………………..

DENOMINATION ……………………………………………………………….

(Springs Dance Company is interdenominational)

Please describe any church involvement/ commitments or links with any Christian organisations, charities etc.

Please use this space to discuss why you would like to take part in this course, and what relevant skills you have. You may like to consider how your experience, skills, training, together with your faith, have brought you to this point.

HOBBIES:

Please list any hobbies/ interests you have.

DO YOU HAVE A FULL DRIVING LICENCE? Yes / No

HOW DID YOU HEAR ABOUT Springs Dance Company?

REFEREES: (i.e. church leader, former employer, dance tutor, etc.)

(1) TITLE:…….. NAME: ….…….……………. (2) TITLE:…… NAME:..…………….……..

ADDRESS: ………………………………………. ADDRESS:..……….…………...……….

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.……………………………………………………… ….………………………………………

E-MAIL:…………………………………………….. E-MAIL:………………………………….

TEL NO: …………………………………………… TEL NO:…….……………………………

OCCUPATION…………………………………. .. OCCUPATION…………………………..

I hereby certify that all the information given by me on this form is correct to the best of my knowledge, that all the questions relating to me have been accurately and fully answered and that I possess all the qualifications which I claim to hold.

Signed…………………………………………… Date…………………

Please email or post this form, together with a recent photograph, to the Elevate Admissions Officer:

Email: [elevate@springsdancecompany.org.uk](mailto:elevate@springsdancecompany.org.uk)

Address: Springs Dance Company

23 Lampmead Road

London

SE12 8QJ

United Kingdom