



SPRINGS DANCE COMPANY

Application Form for Apprenticeship Scheme

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

- The ***elevate foundation course*** (September - December) only
- or ***elevate dance company*** (September – July) only
- or on either the ***elevate foundation course*** 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:

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/ SUBJECT	CERTIFICATE/ QUALIFICATIONS	DATE (from/to)	WHERE OBTAINED
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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
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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 post or email this form, together with a recent photograph, to Apprenticeship Scheme Course Leader, Springs Dance Company, 99 Tressillian Road, London, SE4 1XZ, UK, to reach us as soon as possible.