

GCSE DANCE

APPLICATION
FORM

For entry in
October
2020



The Dorset Foundation College
GCSE Student Application 2020
To be completed and returned by 19 September 2020

STUDENT DETAILS

Full name _____

Date of birth _____

Age _____

(Please enclose a copy of your birth certificate/passport and two passport-sized photographs with the student's name on the reverse)

Home address _____

Postcode _____

Tel _____

Student mobile _____

Student email _____

Parent email _____

SCHOOL/COLLEGE DETAILS

Name and address of school/college _____

Postcode _____

Tel _____

THE STUDENT

Dance experience (including styles/techniques, recent dance exams taken)

Please explain why you want to study GCSE Dance (200 words maximum)

How did you hear about the GCSE Dance course?

EMERGENCY CONTACT DETAILS

This section should be completed by a parent/guardian where the protective student is under 18 years-old. These details must be submitted before the student can participate in the GCSE course, will be held in the strictest confidence, and only be used in an emergency. One form should be completed for each student.

Student name _____

Contact 1: Parent/Guardian contact

Name _____

Relationship to student _____

Telephone number 1 _____

Telephone number 2 _____

Contact 2: Additional emergency contact name and telephone number

Name _____

Relationship to student _____

Telephone number 1 _____

Telephone number 2 _____

FILMING AND PHOTOGRAPHIC CONSENT

As part of the GCSE programme, photographs and footage may be taken and used in a range of The Dorset Foundation College print and promotional material, including our website. Please note photographs and footage may be kept for an indefinite period and may not be used immediately. Under the Data Protection Act 1998, this information will not be used for any purpose other than that stated on the form.

If you do not wish your son/daughter to be photographed/filmed, please tick here ☐

MEDICAL CONSENT

Any personal information provided on this form is strictly private and confidential and for internal Dorset Foundation College purposes only.

Name of doctor _____

Doctor's address _____

Doctor's telephone number _____

Student's name and Medical number (if known) _____

Medical conditions or injuries which may require medical treatment and/or medication

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Allergies and whether these allergies require any specific medical treatment

TERMS AND CONDITIONS CONFIRMATION

***I have read and agree to the Terms and Conditions of
The Dorset Foundation College for the GCSE Dance course.***

Print name _____

Signature _____

Student name _____

Relationship to student _____

Date _____

Application process:

- You will receive an email acknowledging receipt of your application form within seven working days
- Applications are date stamped and processed in date order
- All applications are reviews by the Principal and should we require any further information from you we will be in touch
- We will write to you confirming whether or not your application has been successful

EQUALITY AND DIVERSITY MONITORING

The Dorset Foundation College is working to make sure all the programmes offered at the college provide every student with equal opportunities. Please help us to monitor this by filling out the below form.

The information you give is in confidence and will not be seen by, nor made known to any member of the selection panel. It will be used only for statistical purposes to monitor the operation of The Dorset Foundation College Equality, Diversity and Inclusion Strategy. *Please note that this is not mandatory.*

1. Ethnic Origin

How would you describe your ethnic origin:

White

- ☐ White British
- ☐ Irish
- ☐ Other, please state:

Mixed

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Other, please state:

Asian / Asian British

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Other, please state:

Black / Black British

- ☐ Black Caribbean
- ☐ Black African
- ☐ Other, please state:

Arab or other ethnic group

- ☐ Prefer not to say
- ☐ Arab
- ☐ Any other, please state:

2. Disability

Do you consider yourself to have a disability?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

3. Religion

Please tick the box that best describes you:

- ☐ Buddhist
- ☐ Christian
- ☐ Hindu
- ☐ Jew
- ☐ Muslim
- ☐ Sikh
- ☐ Spiritual
- ☐ Other religion or belief please state:
- ☐ No religion
- ☐ Prefer not to say