

Office use only Wac Arts REF: _____



Senior Wac Arts Application Form

Today's Date: _____ D/O/B _____ Male/Female _____

First Name: _____ Surname: _____

Address: _____

_____ Post Code: _____

Telephone: _____ Email: _____

School/College/Occupation: _____ Borough: _____

CLASSES (please put order of preference in boxes of classes you wish to take – leave others blank)

- | | | |
|--|---|--|
| <input type="checkbox"/> Afro-Fusion Dance | <input type="checkbox"/> Physical Theatre | <input type="checkbox"/> Studio Engineering |
| <input type="checkbox"/> Jazz Dance | <input type="checkbox"/> Drama | <input type="checkbox"/> Film/Video Production |
| <input type="checkbox"/> Music | <input type="checkbox"/> Singing | <input type="checkbox"/> Music Technology |
| <input type="checkbox"/> Aerials | <input type="checkbox"/> African / Contemporary Dance | |

Professional Approaches Classes: (higher level classes for those with experience considering entering professional level training/industry)

- | | |
|---|---|
| <input type="checkbox"/> Professional Approaches to Music | <input type="checkbox"/> Professional Approaches to Drama |
| <input type="checkbox"/> Professional Approaches to Singing | <input type="checkbox"/> Dance |

Please indicate your level of experience in these subjects, if any, either in school or elsewhere

If a musician, what instrument do you play?

Do you need any additional support?

How did you hear about Wac Arts?

Receipt of your application will be confirmed in writing, this does not automatically mean you have a place.

As we are a performing arts & media college we often use photographs, video footage for publicity and / or screening purposes. **I consent for my photographs and video footage to be used for publicity purposes.**
Yes No (please tick)

All Wac Arts records are stored under reasonable security and can only be accessed by Wac Arts staff for proper purposes. Wac Arts is registered with the information commissioner under the 1998 Data Protection Act. From time to time we may contact you regarding our programme or courses. We will not pass on personal information to anybody else.



Wac Arts Company No.: 1158819
Registered Charity No.: 267043

Patrons of Wac Arts: Simon Callow, Ms Dynamite, Ann Mitchell and Danny Sapani

Tel: 020 7692 5800

Facebook: /WacArts

Twitter: @WacArts

Web: www.WacArts.co.uk





Equal Opportunities Monitoring Form

As we are required by our funders to obtain the below information, please assist us by ticking the appropriate box(es). None of this information impacts on your eligibility on the course

What is your ethnicity?			
<input type="checkbox"/> White: Irish <input type="checkbox"/> White British <input type="checkbox"/> White: Traveller of Irish heritage <input type="checkbox"/> White: White Other <input type="checkbox"/> White: White European <input type="checkbox"/> Asian or Asian British: Indian <input type="checkbox"/> Chinese	<input type="checkbox"/> Asian or Asian British: Pakistani <input type="checkbox"/> Asian or Asian British: Other <input type="checkbox"/> Mixed: White and Black Caribbean <input type="checkbox"/> Mixed: White and Asian	<input type="checkbox"/> Black or Black British: Caribbean <input type="checkbox"/> Black or Black British: African <input type="checkbox"/> Black or Black British: Other background	<input type="checkbox"/> Any other ethnic group: Latin American <input type="checkbox"/> Any other ethnic group: Kurdish <input type="checkbox"/> Information not obtained <input type="checkbox"/> Rather not say Any other ethnic group: <input type="checkbox"/> Other (please specify)
Do you have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you have a medical condition? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Visual Impairment <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Other Physical Disability <input type="checkbox"/> ASD/Asperger's Syndrome <input type="checkbox"/> Down's Syndrome	<input type="checkbox"/> Profound/complex disabilities <input type="checkbox"/> Multiple disabilities <input type="checkbox"/> Other-please specify if you feel it would be useful for us to know	<input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy	<input type="checkbox"/> Temporary Disability after illness (e.g. post-viral or accidental) <input type="checkbox"/> Other (please specify)

