

Junior School 2019/2020 Application Form

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| <p>Personal Details</p> <p>Child's first names:</p> <p>Child's surname:</p> <p>Home address:</p> <p>Postcode:</p> <p>Telephone No. (incl. code):</p> <p>Parent/carer email address: <i>(All correspondence will be sent to parent/guardians at this address)</i></p> | | <p>Class:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Pre-Ballet (3-4yrs)</td><td></td></tr> <tr><td>First Ballet (4-5yrs)</td><td></td></tr> <tr><td>Level 1 (5-6yrs)</td><td></td></tr> <tr><td>Level 2 (6-7yrs)</td><td></td></tr> <tr><td>Level 3 (7-8yrs)</td><td></td></tr> <tr><td>Level 4 (8-9yrs)</td><td></td></tr> <tr><td>Level 5 (9-10yrs)</td><td></td></tr> <tr><td>Level 6 (10-11yrs)</td><td></td></tr> <tr><td>Level 7 (11-12yrs)</td><td></td></tr> <tr><td>Level 8 (12-14yrs)</td><td></td></tr> <tr><td>Level 9 (14-16yrs)</td><td></td></tr> <tr><td>Beginner's Ballet (12-16yrs)</td><td></td></tr> <tr><td>Advanced Ballet (16-18yrs)</td><td></td></tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Boys Ballet (8-10yrs)</td><td></td></tr> <tr><td>Boys Ballet (11-13yrs)</td><td></td></tr> <tr><td>Boys Advanced Ballet (12-16yrs)</td><td></td></tr> </table> | Pre-Ballet (3-4yrs) | | First Ballet (4-5yrs) | | Level 1 (5-6yrs) | | Level 2 (6-7yrs) | | Level 3 (7-8yrs) | | Level 4 (8-9yrs) | | Level 5 (9-10yrs) | | Level 6 (10-11yrs) | | Level 7 (11-12yrs) | | Level 8 (12-14yrs) | | Level 9 (14-16yrs) | | Beginner's Ballet (12-16yrs) | | Advanced Ballet (16-18yrs) | | Boys Ballet (8-10yrs) | | Boys Ballet (11-13yrs) | | Boys Advanced Ballet (12-16yrs) | |
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| Beginner's Ballet (12-16yrs) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Advanced Ballet (16-18yrs) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Boys Ballet (8-10yrs) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Boys Ballet (11-13yrs) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Boys Advanced Ballet (12-16yrs) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth: | Age: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current School Year: | Gender: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Emergency Contact Details</p> <p>Name:</p> <p>Relationship to child:</p> <p>Contact Telephone Number: <i>(Please provide a mobile telephone number if possible.)</i></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Parent or Legal Guardian: Parent 1</p> <p>Miss/Mrs/Ms/Mr other:</p> <p>First name:</p> <p>Surname: <input type="checkbox"/> <i>Correspondence to be addressed to this person.</i></p> | <p>Parent or Legal Guardian: Parent 2</p> <p>Miss/Mrs/Ms/Mr other:</p> <p>First name:</p> <p>Surname: <input type="checkbox"/> <i>Correspondence to be addressed to this person.</i></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Collection Procedures

If your child is regularly brought or collected by another person, please provide their details here.

Please note that an adult must remain in the building throughout the duration of the class for all children in Pre-Ballet to Level 2.

Are they: Nanny/Childminder Grandparent
 Parent of another child in the school Other

Name(s):

Telephone Number:

Injuries & Medical Conditions

Please specify any ongoing medical conditions, allergies and recent injuries and relevant treatment.

I understand that the information I provide on injuries and medical conditions will be processed by appropriate individuals only in accordance with access protocols (i.e. on a 'need to know' basis). I can withdraw my consent at any time by emailing juniorschool@csbschool.co.uk

Additional Needs & Resources

Will your child need additional support for any reason? YES/NO

If yes, please provide more details below:

By informing us of any additional needs, this means that we can look at any extra support that is needed and make sure it is in place before your child starts class with us. This is to ensure they are safe, well cared for and most importantly happy in class.

The support may be for health or medical requirements, learning difficulties or behaviour. These could include medical treatment, assessments by a speech and language therapist, medical staff, psychologist or psychiatrist and concerns about development or behaviour.

All information disclosed is confidential and will only be used to decide whether your child needs additional help or resources.

Please refer to page 6 regarding how we store and process data and to confirm that you give consent for Central School of Ballet to use the information provided on this page.

Academic School or Nursery Details

Name of School:

Address:

Postcode:

**Applicants for Level 3 and above only please indicate any previous training below
(not applicable to Beginner's Ballet):**

| Name of Dance Teacher | Address of Dance School | Genre of Dance Studied | Dates Attended | Hours per week |
|-----------------------|-------------------------|------------------------|----------------|----------------|
| | | | | |

Photography Permission

Central School of Ballet may take photographs and/or film footage in classes which will be used at the discretion of Central School of Ballet, the Conservatoire of Dance and Drama and partner organisations on social media and future marketing campaigns. To comply with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018, we need your permission before any images of your child (aged under 18) are taken. Please note, names of children will not be printed alongside photographs.

YES, I give permission for my son/daughter to be photographed and/or filmed during classes, and for the resulting images to be used by Central School of Ballet, the Conservatoire of Dance and Drama and partner organisations. **Please confirm by placing a tick in the box.**

We will ask for your consent on an annual basis throughout the duration of your child's time at Central School of Ballet. You can withdraw your consent at any time by writing to juniorschool@csbschool.co.uk

Mailing List

If you would like to be contacted about future Widening Participation opportunities and events at Central School of Ballet, please complete your details below. Please note that you must be aged 18 or over to receive emails from Central School of Ballet.

Yes, I would like to receive further details about Widening Participation opportunities at Central School of Ballet. (If you do not wish to receive emails regarding other opportunities, please leave this box blank. Please note that you will therefore only receive emails about term dates, fees and classes for which you attend).

Please place a ✓ in the box:

Name (PLEASE PRINT): _____

Email: _____

Declaration and Data Protection Statement

This is to certify that to the best of my knowledge the information provided in this document is accurate at the time of writing. I accept that any amendment to the information provided after acceptance and acknowledgement of this application could result in the loss of a place. I have also read and understand the Payment and Refund Policy detailed on page 11 of the application form.

Central School of Ballet is a 'Data Controller' of your data, and holds and processes 'personal data' (which may include a 'Special Categories of personal data') as defined in the General Data Protection Regulation (GDPR) about applicants which is provided to Central School of Ballet by you (or which is otherwise received from third parties) for their own, separate purpose(s).

Central School of Ballet needs to process (that is, collect, use, store and ultimately securely dispose of) personal information about you as a student to be able to record your application to the school.

(Please tick below)

I confirm that all information provided in this form is true and complete to the best of my knowledge.

I confirm I give my explicit consent for the information I have provided in this form, including any information on injuries and medical conditions, to be processed by appropriate individuals only in accordance with access protocols. I can withdraw my consent at any time by emailing juniorschool@csbschool.co.uk

If you want to understand in more detail how we collect and process your personal data please refer to the Central School of Ballet's Privacy Policy: <https://www.centralschoolofballet.co.uk/index.php>

Signed (Parent/Guardian):

Print Name:

Date:

Equality and Diversity Information Form

Central School of Ballet is committed to offering programmes of activity to talented students who may not otherwise afford the opportunity or have the support structure in place at home. The questions below help us determine how we can best develop our courses to benefit as many young people as possible and offer them an insight into higher education study. Central School of Ballet welcomes applications/ participants from all sections of the community regardless of ethnicity, gender, religion or disability.

The information you give in this section is used for statistical and monitoring processes only

Age of Participant: _____

Gender: Male Female Non-binary

How old were you when you started Ballet? _____

Did either of your parents attend Higher Education? Yes No

Ethnicity – Please tick the box(es) which best describe your ethnic or cultural background:

| | | | |
|--|--|---|--|
| 50 Arab | | 42 Mixed- White and Black African | |
| 33 Asian or Asian British- Bangladeshi | | 41 Mixed- White and Black Caribbean | |
| 31 Asian or Asian British- Indian | | 39 Other Asian Background | |
| 32 Asian or Asian British- Pakistani | | 29 Other Black Background | |
| 22 Black or Black British- African | | 80 Other Ethnic Background | |
| 21 Black or Black British-Caribbean | | 49 Other Mixed Background | |
| 34 Chinese | | 98 I do not wish to give this information | |
| 15 Gypsy or Traveller | | 10 White | |
| 43 Mixed- White and Asian | | | |

Disability – Which of the following statements about disability is most appropriate to you?
Please tick the appropriate box(es).

| | | | |
|---|--|---|--|
| 00 No Known Disability | | 57 Deaf or a serious hearing impairment | |
| 51 A specific learning difficulty eg. dyslexia | | 58 Blind or a serious visual impairment uncorrected by glasses | |
| 53 Social/communication impairment eg. Autistic Spectrum Disorder | | 08 Two or more impairments and/or disabling medical conditions | |
| 54 Long-standing illness or health condition, eg. epilepsy | | 96 A disability, impairment or medical condition not listed above | |
| 55 Mental Health Condition | | 00 I do not wish to give this information | |
| 56 Physical impairment or mobility issues (eg. difficulty using arms, using a wheelchair or crutches) | | | |

Household Income – Please indicate the income bracket which your household falls into:

Less than £25,000 Less than £43,000 Less than £60,000 Over £60,000

New Starters

Note: PLEASE RETAIN THIS PAGE FOR YOUR OWN REFERENCE

If you are a new starter, we will contact you to arrange a trial session. Once your child has taken part in the trial session, and he/she enjoys the class, we then request you make full payment online or by telephone following the instructions below. Meanwhile, please do familiarise yourself with our payment and refund policies and our **terms and conditions** and do not hesitate to contact us if you have any questions

Payment and Refund Policy

Payment of fees **must** be made before the start date of each term as outlined by the payment deadline date online, otherwise you risk your child's tuition being withheld.

All fees paid online by the fee deadline date will receive a £10 discount. Please ensure when paying online that you write the name of the child attending lessons. Any fees paid after the fee deadline date or fees paid by any other method other than online will not receive the discounted rate. **Please note that any fees not received by the end of the first week of each term will incur an additional £15 late payment charge.**

To pay online please visit:

<http://www.centralschoolofballet.co.uk/associateschoolonlinepayments.php>

Cheques should be made payable to 'Central School of Ballet'. Please print the pupils name on the back of the cheque. Please note that you will be liable for an additional administrative charge of £5 should your cheque be returned to us by the bank.

Card payments over the telephone can only be made between the hours of 9am-5.30pm Monday to Friday when a member of the Widening Participation & Access team will be available. The same policy applies to cash/card payments in person at the school reception.

Payment is non-refundable except under exceptional circumstances of injury/illness for which a medical note must be provided.

Notice for withdrawal from the course must be given in writing by the termly fee and withdrawal deadline. The following terms fees will be due should you wish to withdraw after this date. Partial refunds for the term are not available if a pupil withdraws during the term.

After the Class

We require all parents to complete a **Parental Permission to Leave the Premises** form if you are happy for your child to travel home alone or leave the building unaccompanied. Please find the form attached.

Please ensure that the Widening Participation & Access Team have a current emergency contact number for the parent/carer of all Junior School pupils.

Junior School

Parental Permission for Pupils to Leave the Premises

We are responsible for the safety of pupils only whilst they are on the school premises, but we do insist that **all students aged under 18** who wish to leave the premises at lunchtime and during breaks or to travel home alone after class have permission to do so.

If you are happy for your child to leave the premises either during breaks (if applicable) or to travel home alone whilst on the Junior School/Associate Programme, please could you complete this form and return it to a member of the Widening Participation Department.

Your consent will be carried over to each preceding academic year unless you tell us otherwise.

| | |
|---|---------------|
| Name of Pupil: | |
| Date of Birth of Pupil: | Age of Pupil: |
| Contact Telephone Number (Pupil): | |
| Contact Telephone Number (Parent/Guardian): | |
| E-mail Address (Parent/Guardian): | |

I am happy for my child to leave the building and travel home alone after class for the entire duration of their time at Central School of Ballet.

| | |
|-------------------------------|-------|
| Signature of Parent/Guardian: | Date: |
|-------------------------------|-------|

Please do not hesitate to contact the Widening Participation & Access Department on 020 7923 5490 if you have any queries. Alternatively, you can email

juniorschool@csbschool.co.uk

Please return this form to:

Widening Participation & Access, Central School of Ballet, 10 Herbal Hill, Clerkenwell Road, London, EC1R 5EG or hand in to a member of the WP team.