

Address

Postcode

Phone No.  Email

**HOW DID YOU HEAR ABOUT THIS COURSE?**

Via school/college  Careers event  Poster/flyer at The Garage

Poster/flyer elsewhere  The Garage website  Social media

Word of mouth  Other, please specify:

**EDUCATION**

If you are at school/college, please tell us where

Year group

If you are at school/college, please tell us your UCI (Unique Candidate Identifier) - this can be obtained from your school office/exams officer.

Foundation Programme applicants should include a copy of UCAS/reference statement from their school/college. Please tick the box to confirm this is enclosed.

**Education Qualifications**

Institution	Dates (from/to)	Level (e.g GCSE/A Level)	Subject	Grade/equivalent

**RELEVANT ACTIVITIES & ACHIEVEMENTS**

Please briefly list relevant professional activities including training, performances, gradings, grants, scholarships, bursaries, prizes, memberships, with dates.

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**FINANCE**

Who do you expect to be responsible for paying your fees?

Yourself  Parent/Guardian  Other (see below)

If other, please give the name and address of fund or sponsor:

*Some students may be eligible for support with fees from local charitable trusts. The Garage team is happy to provide a list of organisations that can be approached for financial assistance. All fundraising must be complete prior to the start of the course.*

**APPLICANT'S STATEMENT**

Please provide a personal statement that outlines a) your reasons for applying for this course at The Garage, b) how your education, training and experience to date supports your application c) your desired career path beyond this course including ambitions for any further training and education.

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# ACCREDITED COURSES APPLICATION FORM

Please complete this form in BLOCK CAPITALS and black ink and return to:  
Admissions, The Garage, 14 Chapel Field North, Norwich NR2 1NY,  
or email to education@thegarage.org.uk

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### ADDITIONAL STUDENT SUPPORT REQUIREMENTS

The Garage can offer a range of support to help students succeed on their course. We welcome students with disabilities and learning difficulties. (For example; dyslexia, epilepsy, mobility difficulties and mental health problems.) Do you consider yourself to have a learning difficulty, disability or medical condition that may affect your studies? (e.g. use of wheelchair, have dyslexia etc.)

Yes  No

If yes, we will contact you to discuss how we can best support you.

### MEDIA CONSENT

"I give permission for myself/son/daughter/young person in my care to be filmed/photographed in their class and performances. I understand and agree that The Garage and associated partners may use any photograph or film footage taken for publicity purposes. For example; leaflets, newsletters, newspaper articles, publications, reports and websites (including social media)"

I agree  I disagree

Name:  Signed:

(N.B. This must be signed by a parent/carer if the participant is under 18 years old)

### DECLARATION

In signing this document you are authorising The Garage to pass the information you provide on this form to relevant funders and, when needed, the Department for Education. You are also authorising The Garage to release information for statistical, research and other purposes as set out in our data protection registration. This may also include contacting you and your parent/guardian by post, email or telephone (inc SMS) from time to time in connection with your application. It may also include contacting your school/college, or sponsor where further information to support your application is required.

If you want to be contacted about other courses or learning opportunities please tick this box. Your personal information will not be passed to organisations for marketing or sales purposes.

I understand that by signing this form I certify that the information I have provided is complete and accurate:

Signature:  Date:

### COURSE DETAILS

Please tick the course you are applying for

<b>Performing Arts Foundation Programme</b>		
<input type="checkbox"/> GCSE Dance	<input type="checkbox"/> Acting	<input type="checkbox"/> MA - Performing Arts Enterprise
<input type="checkbox"/> GCSE Drama	<input type="checkbox"/> Musical Theatre	
<input type="checkbox"/> Other	<input type="checkbox"/> Dance	

If you ticked **other**, please specify:

### PERSONAL DETAILS

Please enter your full, legal name.

Title  First name  Middle name(s)

Surname  Other names

Address

Postcode  Phone No.

D.O.B.  Email

Please provide emergency contact details. If the student is under 18, this should be a parent/guardian.

Title  First name  Surname

Relationship to prospective student