# APPLICATION FORM

Please return your completed form by email to:   
[work.experience@danceeast.co.uk](mailto:work.experience@danceeast.co.uk) FAO: Nilima Banerji

|  |  |  |  |
| --- | --- | --- | --- |
| **FULL NAME** |  | | |
| **ADDRESS** |  | | |
| **CONTACT (Applicant)** | **Telephone (landline/mobile)** | **Email address** | |
| **CONTACT (FOR THOSE UNDER THE AGE OF 17)** | **Telephone (landline/mobile)** | **Email address** | |
| **NAME OF SCHOOL**    **CONTACT DETAILS (Work experience coordinator, if applicable)** |  | | **SCHOOL YEAR**  **(open to Year 10 school students only)** |
|  |
| **Please state the dates that you are able to complete a placement:** | **Placements last one week, usually Monday – Friday in the Summer Term.** | | |
| **Tell us about your interest in dance**  *(200 words max)* |  | | |
| **What are you hoping to get out of your Work Experience at DanceEast**?  **Please also let us know if you require any adjustments to support you in a placement at DanceEast:**  *(250 words max)* |  | | |
| **Please indicate how your skills will benefit DanceEast:**  *(200 words max)* |  | | |

PLEASE COMPLETE THE EQUAL OPPOURTUNITIES FORM BELOW AND RETURN WITH YOUR APPLICATION

**Please note deadline for application is 31 January 2019**

**Applicants will be notified in February 2019 if DanceEast is able to offer a placement.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **EQUAL OPPORTUNITIES**  DanceEast is an Equal Opportunities Employer. This means DanceEast will ensure all applicants receive equal treatment, irrespective of their sex; sexual orientation, marital status, race, age or disability. Once received it will be separated from your application and remain anonymous, before the application is reviewed by the selection panel. To ensure the effectiveness of the policy and to assist in its development, DanceEast monitors all applications. You are requested to complete the section below, which will be treated as confidential and used for statistical purposes only.  **Please tick the appropriate boxes:**  **Gender Male**  **Female  Prefer not to disclose**  **Date of Birth ………………………………….** | | | | | | |
| **Ethnic Origin:** I would describe my ethnic origin as: | | | | | | |
| **White** | British |  | Irish |  | European |  |
| **Mixed** | White & Black Caribbean |  | White & Black African |  | White & Asian |  |
|  | Any Other Mixed Background | | |  |  |  |
| **Asian or Asian British** | Indian |  | Pakistani |  | Bangladeshi |  |
|  | Any Other Asian Background | | |  |  |  |
| **Black or Black British** | Caribbean |  | African |  |  |  |
|  | Any Other Black Background | | |  |  |  |
| **Chinese or**  **Other Ethnic Group** | Chinese |  | Any Other Ethnic Group  Please specify ……………………………………………. | | |  |
| **Prefer not to disclose** |  |  |  | | |  |

**Disability:**

**Do you consider that you are a disabled person?**

Yes:  No: 

**If you answered “yes”, please indicate the nature of your impairment by ticking the appropriate box or boxes below:**

**Physical impairment**, such as difficulty using

your arms, or mobility issues requiring you to use

a wheelchair or crutches:

**Sensory impairment**, such as being blind or

having a serious visual impairment, or being deaf

or having a serious hearing impairment:

**Mental health condition**, such as depression

or schizophrenia:

**Learning disability or difficulty**, such as

Down’s Syndrome or dyslexia, or **Cognitive impairment**,

such as autistic spectrum disorder:

**Long-standing or progressive illness or health condition**,

such as cancer, HIV infection, diabetes, epilepsy or

chronic heart disease:

**Other** (please specify):