BTEC PERFORMING ARTS DIPLOMA - APPLICATION FORM

APPLICANT STUDENT DETAILS	
Student Full Name	
Gender	
Identifies As	
Applicants Address	
Applicants Post Code	
Date of Birth	
ULN (Unique Learner Number)	Your school can provide this to you
Ethnicity	
Does your child need a CAS number to study in the UK?	☐ Yes ☐ No

APPLICANT'S PARENT/CARER DETAILS	
Parent / Guardian 1 - Name	
Current Address	
Relationship To Child	
Email Address	
Home Telephone Number	
Work Telephone Number	
Mobile Telephone Number	
I can confirm that I have parental responsibility for my child	☐ Yes ☐ No

APPLICANT'S PARENT/CARER DETAILS	
Parent / Guardian 2 - Name	
Current Address	
Relationship To Child	
Email Address	
Home Telephone Number	
Work Telephone Number	
Mobile Telephone Number	
I can confirm that I have parental responsibility for my child	☐ Yes ☐ No

VOCATIONAL SCHOOLS AND CLASSES ATTENDED	
Vocational School	Classes Taken

VOCATIONAL EXAMS AND ASSESSMENTS		
Subject	Exam Boards	Grade

ACADEMIC INFORMATION			
DATE FROM	DATE TO	NAME OF SCHOOL	STATE OR INDEPENDENT

ACADEMIC QUALIFICATIONS			
Subject	Exam Boards	Grade	Date

EDUCATIONAL NEEDS	
Additional Educational Needs?	☐ Yes ☐ No
If yes, please detail the educational needs and attach and copies of formal diagnosis'.	
Additional Support in School?	☐ Yes ☐ No
If yes, please detail the additional support the student current receives in school.	
Educational Phycologist Report? If yes, please attach to the application.	☐ Yes ☐ No
Individual Educational Plan? If yes, please attach to the application.	☐ Yes ☐ No
Disability or Other Condition ?	☐ Yes ☐ No
If yes, please detail below.	
Statement of Educational Need? If yes, please attach to the application	☐ Yes ☐ No
Will the applicant need additional time in their academic test?	☐ Yes ☐ No
If yes, please detail how much additional time and why this is needed.	
Will the applicant require a laptop in their academic test?	☐ Yes ☐ No
If yes, please detail why this is needed.	

MEDICAL DETAILS	
Does the applicant have any medical conditions we should be aware of?	☐ Yes ☐ No
Does the applicant take any regular medication we should be aware of?	☐ Yes ☐ No

If yes, please provide further details.

DANCE AND PERFORMANCE EXPERIENCE

Please list any dance and performance experience below (include any dance/ performing arts exams you have taken):

ASPIRATIONS AND AMBITIONS

Please describe in a few words how this course will help you to achieve your future goals:

I agree to my Child applying for a place at MEPA College and understand that places are offered by successful audition only.

I consent to any photo's / videos taken can be used for social media. I have paid the £30.00 audition fee to the details below

Account name: MEPA
S/C: 40-31-06
Account No: 72548364

I enclose two photos (headshot / full length)

Parents signature:

Date:

Application needs to be emailed to info@mepacollege.com