

# APPLICATION FORM - Company Fund

If you wish to make an application for funding to Dancers' Career Development please fill out this form and send it to:

**Dancers' Career Development, Plouviez House, 19–20 Hatton Place, London, EC1N 8RU.**

You must complete all sections of this form or we might not be able to process your application. Please feel free to contact us via phone (020 7831 1449) or e-mail (admin@thedcd.org.uk) should you have any questions or require assistance with your application.

## Section 1: Personal Details

Title: (Mr, Mrs, Ms, Miss, etc.) \_\_\_\_\_ Male  Female  Date of birth: \_\_\_ / \_\_\_ / \_\_\_\_\_

First Name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Professional name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Nationality: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Do you have children? Yes \* No

\*If yes, are they still at home/dependent on you?

Yes \* No

## Section 2: Address

Country of residence: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

## Section 3a: Employment History

No of years worked as a professional dancer: \_\_\_\_\_

Currently employed  Unemployed  Retired

No of years with Contributing Company/Companies: \_\_\_\_\_

Contributing Company Employment (please tick  and add date(s):

<input type="checkbox"/> Adzido (until 2004)	From: _____	To: _____
<input type="checkbox"/> Birmingham Royal Ballet	From: _____	To: _____
<input type="checkbox"/> English National Ballet	From: _____	To: _____
<input type="checkbox"/> Northern Ballet Theatre	From: _____	To: _____
<input type="checkbox"/> Phoenix Dance Theatre	From: _____	To: _____
<input type="checkbox"/> Rambert Dance Company	From: _____	To: _____
<input type="checkbox"/> Richard Alston Dance Company	From: _____	To: _____
<input type="checkbox"/> Scottish Ballet	From: _____	To: _____
<input type="checkbox"/> Siobhan Davies Dance Company	From: _____	To: _____
<input type="checkbox"/> The Royal Ballet	From: _____	To: _____

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## Section 3b: Employment History (continued)

Other dance related employment (e.g. Musical Theatre, Commercial, TV, etc.)

Please list 5 most recent contracts on this form and provide a complete list on your dance CV

- \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
- \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
- \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
- \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Other non-dance related employment (if relevant to your retraining application)

- \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
- \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
- \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
- \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

## Section 4: Education & Training (Dance)

Please list schools & colleges attended

- \_\_\_\_\_ Years: \_\_\_\_\_ - \_\_\_\_\_ Qualification: \_\_\_\_\_
- \_\_\_\_\_ Years: \_\_\_\_\_ - \_\_\_\_\_ Qualification: \_\_\_\_\_
- \_\_\_\_\_ Years: \_\_\_\_\_ - \_\_\_\_\_ Qualification: \_\_\_\_\_
- \_\_\_\_\_ Years: \_\_\_\_\_ - \_\_\_\_\_ Qualification: \_\_\_\_\_
- \_\_\_\_\_ Years: \_\_\_\_\_ - \_\_\_\_\_ Qualification: \_\_\_\_\_

## Section 5: Other qualifications

Please list all non-dance related vocational qualifications and professional experience you may already have obtained and which are relevant to your retraining application:

- Not applicable/no other relevant qualifications

- \_\_\_\_\_ Qualification: \_\_\_\_\_
- \_\_\_\_\_ Qualification: \_\_\_\_\_
- \_\_\_\_\_ Qualification: \_\_\_\_\_
- \_\_\_\_\_ Qualification: \_\_\_\_\_

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## Section 6: Application Details

Have you applied for funding to Dancers' Career Development before?

Yes \* No

\*If yes:

When did you apply: \_\_\_\_\_(month)/\_\_\_\_\_(year)

Was your application successful? Yes  No

How much were you awarded? £\_\_\_\_\_

Have you attended a personal or telephone meeting(s) with a DCD Staff member prior to making this application?

Yes  No\*

\*If NO, why not?: \_\_\_\_\_

Please summarise your reasons for retraining: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you seeking eligibility on Medical Grounds? (e.g. you do not yet fulfil our eligibility criteria but had to retire due to injury or illness) Yes \* No

\*If YES, please note that at least **two** medical letters/certificates are **mandatory**.

What specific financial assistance are you applying for? (please tick  all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Education/Training fees       | <input type="checkbox"/> Travel                     |
| <input type="checkbox"/> Maintenance (Bills, rent etc) | <input type="checkbox"/> Childcare                  |
| <input type="checkbox"/> Equipment                     | <input type="checkbox"/> Other _____ (please state) |

Would you like to make use of either of the following DCD services? (please tick all that apply)

- Mentoring by a retrained dancer   
Joining a networking group related to your new career

## Section 7: Financial Information

Are you receiving funding from an organisation other than DCD? Yes \* No

\* If YES please give details:

Name of funder: \_\_\_\_\_ Contact Number: \_\_\_\_\_

What have you received the funding for: \_\_\_\_\_

Costs/Amount funded: \_\_\_\_\_

Are you currently in receipt of State Benefits?

Yes \* No

\*If YES, please state for how long

0-3 mths  3-6 mths  6-12 mths  1-3 years  3+ years

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## Section 8: Application Checklist

In order to present your application to the Development Committee & Board of Trustees we need a **complete application** from you. Please check that you have completed **all sections** of this form as well as all other requested materials, tick the boxes of materials you have included and sign & date this section

- |   |                          |                              |
|---|--------------------------|------------------------------|
| Completed ALL SECTIONS of this <b>Application Form</b>                              | <input type="checkbox"/> |                              |
| Included a <b>Personal Statement</b> to the Trustees outlining your retraining plan | <input type="checkbox"/> |                              |
| Included a complete <b>Budget</b>   | <input type="checkbox"/> |                              |
| Included an up-to-date dance <b>CV</b>  | <input type="checkbox"/> |                              |
| Included relevant <b>course information</b>   | <input type="checkbox"/> | n/a <input type="checkbox"/> |
| Included <b>equipment description(s)</b> & costs                                    | <input type="checkbox"/> | n/a <input type="checkbox"/> |
| Included a <b>business plan</b> (for business start-ups only)                       | <input type="checkbox"/> | n/a <input type="checkbox"/> |

Signature: \_\_\_\_\_

Date: \_\_\_\_\_(dd/mm/yy)

## Section 9: Terms & Conditions

➤ Applications to Dancers' Career Development are treated in strictest confidence. However, information given in this form may be shared with other support organisations if it is considered to be of benefit to the applicant. If you do not want your information shared in this way, please tick

**Please read the following section carefully and thoroughly before signing:**

- I understand that awards can **not** be made retrospectively (e.g. after a course has started or equipment been bought) and that all payments, where possible, should be made through DCD.
- I understand that I will be required to fill in and return a DCD Funding Agreement **before** an award can be activated.
- I understand that I will be required to fill in an **Equipment Loan Form** before activating an equipment grant
- I am aware that I will be required to complete a **mandatory Award Feedback** form following the completion of any DCD funded retraining programme.
- I will notify DCD of all address changes during the entirety of any funding period with DCD and for **3 years after** completion of my award.
- I confirm that all information given in this form is correct and I understand that any award can be withdrawn should I knowingly make false statements.
- I understand that all awards are given according to individual retraining need and at the discretion of the Development Committee and the Board of Trustees.

Last but not least, DCD wishes you **Good Luck, Enjoyment and Success** in your retraining.

Please do not hesitate to contact the DCD office should you have any questions, need further advice, wish to make changes to your application or have any other educational needs DCD can help you with.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_(dd/mm/yy)