

APPLICATION FORM - Independent Trust

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: _____

Section 3a: Employment History

No of years worked as a professional dancer: _____

No of years with worked in the United Kingdom: _____

Currently performing Unemployed Retired

Dance forms worked in (please tick all that apply)

'Arts' companies Musical Theatre Commercial dance
Film/TV/Video Cruise Ships Ethnic/Folk dance
Community dance Other _____

Have you ever performed with any of DCD's contributing companies? Yes No

*If yes please tick all that apply and state the total number of years performed with each company:

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

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Section 3b: Employment History (continued)

Professional Dance Employment:

(Please list 4 major 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: _____

Section 4: Education & Training (Dance)

Please list schools & colleges attended

- _____ 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 **Application Form**

Included a **Personal Statement** to the Trustees outlining your retraining plan

Included a complete **Budget**

Included an up-to-date dance **CV**

Included relevant **course information** n/a

Included **equipment description(s)** & costs n/a

Included a **business plan** (for business start-ups only) n/a

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)