



REGISTRATION FORM

Contact details

Title: _____

First Name(s): _____

Surname: _____

Maiden Name: _____

Professional Name: _____

Address: _____

Town: _____

Postcode: _____

County: _____

Telephone: _____

Fax: _____

Mobile: _____

E-mail: _____

Personal details

Date of Birth: ____/____/____ Age: _____

Marital Status: _____

Nationality: _____

Ethnic Origin: _____

Disability/Access requirements: _____

Children (include ages): _____

Dance Education _____

Start year: 19 _____

Start year: 19 _____

Start year: 19 _____

Work History

Important: Please forward a copy of your dance career CV to the DCD office

Total number of performing year's _____

Total number of performing years worked in the UK _____

Please complete the following section if you are performing with/have performed with a dance company, starting with the most recent

-Company Name: _____

Years with company: From: ___/___/___ To: ___/___/___

-Company Name: _____

Years with company: From: ___/___/___ To: ___/___/___

-Company Name: _____

Years with company: From: ___/___/___ To: ___/___/___

-Company Name: _____

Years with company: From: ___/___/___ To: ___/___/___

I agree that the information given in this questionnaire can be saved in DCD's database:

yes no

I wish to receive regular information about DCD:

yes no

PLEASE NOTE: All information you include in this questionnaire will be treated confidentially and will not be accessible to third parties!

Signature: _____ **Date:** ___/___/___