

# 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: \_\_\_ / \_\_\_ / 19\_\_\_

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

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

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

Do you have children? Yes \* No

\*If yes please list name(s) and year(s) of birth

Name: \_\_\_\_\_ Year of birth: \_\_\_\_\_

Name: \_\_\_\_\_ Year of birth: \_\_\_\_\_

Name: \_\_\_\_\_ Year of birth: \_\_\_\_\_

## Section 2: Address

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

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

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

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

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

## Section 3a: Employment History

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

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

Currently employed  Unemployed  Retired

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

<input type="checkbox"/> Adzido	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: \_\_\_\_\_
- \_\_\_\_\_ 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

Please list schools & colleges attended

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

## Section 5: Other vocational 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

Reasons for retraining

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

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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— medical certificates required)                      Yes                       No

What specific assistance are you seeking (please tick  all that apply)?

Education/Training

Travel

Maintenance

Childcare

Equipment

Other \_\_\_\_\_ (Please specify)

What is your retraining goal: \_\_\_\_\_

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If you are applying for Training/Education/Courses please give the relevant details:

- 1) Full Course Title: \_\_\_\_\_

Educational organisation: \_\_\_\_\_

Type of study:                      Full time                       Part time                       Correspondence

- 2) Full Course Title: \_\_\_\_\_

Educational organisation: \_\_\_\_\_

Type of study:                      Full time                       Part time                       Correspondence

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## Section 7: Financial Details

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: \_\_\_\_\_

If you applied for Maintenance to DCD we require your full bank account details (please note that we can only pay maintenance into a UK bank account. If you do not have a UK bank account and wish us to transfer money into a foreign account you will be responsible for the bank charges this occurs).

Account Name: \_\_\_\_\_

Bank Name & address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Sort Code: \_\_\_\_\_

## Section 8: Application Checklist

In order to present your application to the 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"/> |                              |
| <b>Signed</b> all forms and the letter to the Trustees                              | <input type="checkbox"/> |                              |
| Included & signed 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: \_\_\_\_\_ 20\_\_

## 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 helpful to the applicant. If you do not wish for this to happen please inform the office prior to making an application.
- I understand that awards can not be made retrospectively (e.g. after a course has started or equipment been bought) and that all payments should be made through DCD.
- I am aware that I will be required to fill in an **Equipment Loan Form** before activating my equipment grant and that I will have to complete an **Award Complete Form** at the end of my project. All new careers may be listed in DCD's **Retrained Dancers Directory**.
- I will notify DCD of all address changes during my 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 Board of Trustees.

Last but not least **Good Luck, Enjoyment and Success** in your retraining and please do not hesitate to contact the DCD office should you have any questions, need advice, wish to change an existing award or have any other educational needs DCD can help you with.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ 20\_\_