

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: ___ / ___ / 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 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 <input type="checkbox"/>	Musical Theatre <input type="checkbox"/>	Commercial dance <input type="checkbox"/>
Film/TV/Video <input type="checkbox"/>	Cruise Ships <input type="checkbox"/>	Ethnic/Folk dance <input type="checkbox"/>
Community dance <input type="checkbox"/>	Other <input type="checkbox"/> _____	

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: _____

APPLICATION FORM - Independent Trust

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)

- | | | |
|--------------------------------|-------------|-----------|
| <input type="checkbox"/> _____ | From: _____ | To: _____ |
| <input type="checkbox"/> _____ | From: _____ | To: _____ |
| <input type="checkbox"/> _____ | From: _____ | To: _____ |
| <input type="checkbox"/> _____ | From: _____ | To: _____ |

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

- | | | |
|--------------------------------|-------------|-----------|
| <input type="checkbox"/> _____ | From: _____ | To: _____ |
| <input type="checkbox"/> _____ | From: _____ | To: _____ |
| <input type="checkbox"/> _____ | From: _____ | To: _____ |

Section 4: Education & Training

Please list schools & colleges attended

- | | | |
|-------|----------------------|----------------------|
| _____ | 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: _____ |

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? £ _____

APPLICATION FORM - Independent Trust

Section 6: Application Details (continued)

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: _____

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 state)

What is your retraining goal: _____

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

- 3) Full Course Title: _____

Educational organisation: _____

Type of study: Full time Part time Correspondence

APPLICATION FORM - Independent Trust

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 Application Form | <input type="checkbox"/> | |
| Included a Personal Statement to the Trustees outlining your retraining plan | <input type="checkbox"/> | |
| Signed all forms and the letter to the Trustees | <input type="checkbox"/> | |
| Included & signed a complete Budget | <input type="checkbox"/> | |
| Included an up-to-date dance CV | <input type="checkbox"/> | |
| Included relevant course information | <input type="checkbox"/> | n/a <input type="checkbox"/> |
| Included equipment description(s) & costs | <input type="checkbox"/> | n/a <input type="checkbox"/> |
| Included a business plan (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 Development Committee and 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__