**PASSAGE FOR PAR**

APPLICATION FOR PERFORMERS

**All applications must be received no later than 6pm on Thursday 11 January 2018**

PLEASE COMPLETE USING BLOCK CAPITALS/OR TYPE IN BLACK INK

Do not include any additional material

|  |  |
| --- | --- |
| **FULL NAME:** | |
| **ADDRESS:** | |
| **PHONE NUMBER(S):** | |
| **E-MAIL:** |  |
| **AGE:** |  |
| **DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY?** (please circle as appropriate)  **Yes No**  **If yes please specify** | |
| **PLEASE MAKE A NOTE OF ANY ALLERGIES, MEDICATION OR ANY OTHER CONDITIONS HERE (e.g. ASTHMA):** | |
| **HOW DID YOU HEAR ABOUT THE PROJECT?** | |
| **WE NEED PEOPLE WHO CAN COMMIT TO ALL THE REHEARSALS IS THIS POSSIBLE FOR YOU?** | |

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| **PLEASE TELL US ABOUT YOUR MOVEMENT OR DANCE EXPERIENCE**  **(up to 150 words)** |
| **PLEASE EXPLAIN WHY YOU WOULD LIKE TO TAKE PART IN PASSAGE FOR PAR (up to 200 words)** |

**PLEASE INDICATE WHICH SELECTION WORKSHOP YOU WOULD PREFER TO ATTEND**

**Either**

**Saturday 27 January 2.30-5pm Falmouth University**

**Or**

**Sunday 28 January 2.30-5pm Par**

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| **PERMISSIONS**  This section must be completed for your application to be considered. |
| **I GIVE MY PERMISSION TO BE FILMED OR PHOTOGRAPHED AS PART OF PASSAGE FOR PAR.**  **SIGNED:**  **DATE:** |

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| **For information**  Any photographs taken or footage filmed during rehearsals or performances may be used to document and promote the project and the programmes of any of the partners: Dance Republic 2, CAST, Groundwork and Rosemary Lee Projects/Artsadmin. |

**Please return completed form by email to** [**christina@dancerepublic2.com**](mailto:christina@dancerepublic2.com)

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**EQUAL OPPORTUNITIES MONITORING**

Dance Republic 2/Groundwork welcomes applications from all sections of the community.

You do not have to give us the following information but we would be very grateful, as it will be used to monitor our success at implementing our equal opportunities policy.

We recognises that cultural identity can be difficult to categorise but to keep this as simple as possible we are using guidelines from the **Arts Council of England**.

**We will not use this information to assess your application.**

Please use **X** to mark your answer in the appropriate box.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1. Ethnicity** | | | | |
| Asian or Asian British | |  | Mixed | |
| Bangladeshi |  | White and Black Caribbean |  |
| Indian |  | White and Black African |  |
| Pakistani |  | White and Asian |  |
| Any other Asian background  (please specify) |  | Any other mixed background  (please specify) |  |
|  |  |  |  |
| Black or Black British | | White | |
| African |  | British |  |
| Caribbean |  | Irish |  |
| Any other black background  (please specify) |  | Any other white background (please specify) |  |
|  |  |  |  |
|  |  |  |  |
| Chinese | | Other ethnic group | |
| Chinese |  | Other ethnic group  (please specify) |  |
| If you would like to further describe your ethnicity, please do so here: | | | | |
|  | | | | |
| If you would prefer not to give your ethnicity please put x in the box | | | |  |

|  |  |  |  |  |  |
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| **2.** | **Age** | | | | |
|  | 21 - 24 years |  |  | 49 - 56 years |  |
|  | 25 - 33 years |  | 57 - 65 years |  |
|  | 34 - 40 years |  | 66 - 70 years |  |
|  | 41 - 48 years |  | Over 70 years |  |
|  | If you would prefer not to say please put x in the box | | | |  |
| **3.** | **Religion and belief** | | | | |
|  | Christian |  |  | Buddhist |  |
|  | Hindu |  | Jewish |  |
|  | Muslim |  | Sikh |  |
|  | No religion |  |  | Other |  |
|  | If you would prefer not to say please put x in the box | | | |  |
| **4.** | **Gender** – how would you describe your gender? | | | | |
|  | Male |  |  | Female |  |
|  | If you would prefer to use your own term please provide it here | | | | |
|  | If you would prefer not to say please put x in the box | | | |  |
| **5.** | **Gender identity** - is your gender identity the same as the gender you were assigned at birth? | | | | |
|  | Yes |  |  | No |  |
|  | If you would prefer not to say please put x in the box | | | |  |
| **6.** | **Sexual orientation** | | | | |
|  | Heterosexual |  |  | Gay man |  |
|  | Gay woman/lesbian |  |  | Bisexual |  |
|  | If you would prefer not to say please put x in the box | | | |  |
| **7.** | **Do you consider yourself to be a person with a disability?** Under the Equality Act 2010 a person is classified as disabled if they have a physical or mental impairment that has a substantial and long-term effect on their ability to carry out normal day-to-day activities. | | | | |
|  | Yes |  |  | No |  |
|  | If you would prefer not to say please put x in the box | | | |  |
| **8.** | **Are you a carer?** A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support. | | | | |
|  | Yes |  |  | No |  |
|  | If you would prefer not to say please put x in the box | | | |  |