

Pre-Professional Programme 2023/2024

Audition 19. February 2023 from 11.00 - 15.00

At Tivoli Concert Hall

Please complete in BLOCK CAPITALS and return scanned to balletskolen@tivoli.dk. Tivoli Ballet School, Vesterbrogade 3, 1630 Kbh. V. DK

Please paste one passport sized photo here

		AP	PLIC	ATION FORM				
1. Personal details								
First Name		Last Name					Male/Female	
Date of Birth. (DD/MM/YYYY)		Nationality				Height		
Address		ı				l		
Post Code	Country							
Student Mobil		Student Email						
Parent/Guardian First Name		Parent/Guardian Last Na		Name		Mother/Father/Guardian		
Parent/Guardian Mobil		Parent/Guardian Email		I		Please circle as appropriate Emergency contact Mobil		
2. Examinations (plea	se give det	ails of your mo	ost red	cent examinations ta	ken) if not a	pplicable, go to	section 4.	
Awarding Organization (e.g., RAD)	Level			Result	,	Exam Date (D		
3. Ballet Training (please specify your current level of ballet training)								
Awarding Organization (e.g., RAD, I	Level			Hours per v	Hours per week			
4. Additional Training (please tick as appropriate)								
	Yes No If Ye		If Yes	s, please state how many years of study				
Pointe Work								
Contemporary								
5. Health Declaration	5. Health Declaration (please provide details of any injuries or health conditions we should know)							
	Yes	No	If Yes	Yes, please provide details as appropriate				
Injuries								
Health Conditions/allergies								
6. General Informatio	n							
Do you wish to receive details abou	l?	Yes		No				
How did you hear about the Pre-Pr	ofessional Pro	ogramme?						
Current Dance Teacher Signature				Date				
Parent/Guardian Signature				Date				