

Pre-Professional Programme 2024/2025

Audition 18. February 2024 from 11.00 – 15.00 At Tivoli Concert Hall//Tivoli Balletschool

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

APPLICATION FORM								
1. Personal details								
First Name		Last Name				Male/Fema	ale	
Date of Birth. (DD/MM/YYYY)		Nationality				Height		
Address		<u> </u>						
Post Code		Country						
Student Mobil	Student Email							
Parent/Guardian First Name		Parent/Guardian Last Name		Name		Mother/Father/Guardian		
Parent/Guardian Mobil		Parent/Guardian Email				Please circle as appropriate Emergency contact Mobil		
2. Examinations (plea	se give det	ails of your mo	ost red	cent examinations tak	en) if not a	plicable, go to	section 4.	
Awarding Organization (e.g., RAD)	Level			Result		Exam Date (DD/MM/YYYY)		
3. Ballet Training (ple	ease specify	your current	level	of ballet training)				
Awarding Organization (e.g., RAD, ISTD)		Level			Hours per week			
4. Additional Training	g (please tic	ck as appropria	ate)					
	Yes No		If Yes, please state how many years of study					
Pointe Work								
Contemporary								
5. Health Declaration		of any injuries or health conditions we should know)						
	Yes	No If Yes, please provide details as appropriate						
Injuries								
Health Conditions/allergies								
6. General Informatio	n							
Do you wish to receive details about future courses at Tivoli Ballet Schoo				1?	Yes		No	
How did you hear about the Pre-Pre	ofessional Pro	gramme?						
Current Dance Teacher Signature				Date				
Parent/Guardian Signature				Date				

VIDEO AUDITION - INSERT YOUTUBE LINK: