

# The Performing Self at Rose Bruford College of Theatre and Performance

## Alexander Technique and Performance: Continuing Professional Development Course Application Form

Please complete and return to  
Niamh.dowling@bruford.ac.uk

Or post to;

Niamh Dowling  
Head of School of Performance  
Rose Bruford College of Theatre and Performance  
Lamorbey Park  
Burnt Oak Lane  
Sidcup, Kent  
DA15 9DF  
United Kingdom

### 1. Personal Information:

Title:  Surname:

Forename:  Date of Birth:

Gender:

Nationality:

Permanent Home Address:

  
  

Post code:

Home Tel:

Mobile:

Email:

Temporary Address in London if known

  
  

Post code:

Tel:

Name:

## 2. Education

Details of Qualifications	
<p>Have you completed your training as a teacher of the Alexander Technique?</p> <p>Please give Training School. Date of qualification as a teacher of the Alexander Technique</p>	<p>Training School: Date:</p>
<p>What, if any, is your experience in the performing arts as a teacher of the Alexander Technique?</p> <p>What is your experience in the performing arts as a participant, e.g. do you play an instrument, sing, have you trained as a dancer or actor, or do you have other relevant experience?</p>	
<p>Please outline of your particular interest in doing this CPD course.</p>	

### 3. Equal Opportunities

To help in the monitoring of the College's Equal Opportunities policies, please could you indicate which of the following is most appropriate:

White:	<input type="checkbox"/>	Other Asian background:	<input type="checkbox"/>
Black or Black British – Caribbean:	<input type="checkbox"/>	Mixed – White & Black Caribbean:	<input type="checkbox"/>
Black or Black British – African:	<input type="checkbox"/>	Mixed – White & Black African:	<input type="checkbox"/>
Other Black background:	<input type="checkbox"/>	Mixed – White & Asian:	<input type="checkbox"/>
Asian or Asian British – Indian:	<input type="checkbox"/>	Other mixed background:	<input type="checkbox"/>
Asian or Asian British – Bangladeshi:	<input type="checkbox"/>	Other ethnic background:	<input type="checkbox"/>
Asian or Asian British – Pakistani:	<input type="checkbox"/>	Not known:	<input type="checkbox"/>
Chinese:	<input type="checkbox"/>	Prefer not to say:	<input type="checkbox"/>

### 4. Disability/Medical Conditions/Specific Learning Difficulties

Rose Bruford College welcomes and encourages applications from disabled students and students with medical conditions and specific learning difficulties; for example, dyspraxia or dyslexia.

If you have a disability, medical condition or a specific learning difficulty such as dyslexia or dyspraxia, you are strongly encouraged to make contact with the college before you make an application so that a discussion about reasonable adjustments can take place. Please indicate below the type of adjustments you think you will need.

51 A specific learning disability i.e. dyslexia, dyspraxia or AD(H)HD:

53 A social communication impairment such as Asperger's syndrome/other autistic spectrum disorder:

54 A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy:

55 A mental health condition, such as depression, schizophrenia or anxiety disorder:

56 A physical impairment or mobility issues, such as difficulty using arms, using a wheelchair or crutches:

57 Deaf or a serious hearing impairment:  97 Prefer not to say:

58 Blind or a serious visual impairment uncorrected by glasses:

96 A disability, impairment or medical condition that is not listed here:

If you have ticked 96 (A disability not listed) please give details:

Please indicate if you are willing for any information about your disability/medical conditions etc. to be disclosed to tutors during your time registered at the college: Yes:  No:

## 5. Declaration

### Data Protection Policy

The Data Protection Act 1998 requires the College to observe a legal provision designed to safeguard both students' rights and the data relating to them. The Act requires that we inform you of what personal data is acquired and the purposes for which it is acquired.

By signing the form you will be giving the College permission to collect, hold and process additional personal data relating to your intermission/withdrawal from study. Signing this declaration does not compromise any rights you enjoy under the Data Protection Act 1998 or any other legislation relating to personal privacy and data storage. Should the College need to collect and process additional sensitive data your explicit consent will be sought. Further information can be obtained from the College's Data Protection Policy.

I confirm that the information given on this form is true, complete and accurate and no information requested or other material information has been omitted. I understand that if my application is found to contain any false entries, misleading statements or material omission, Rose Bruford College reserves the right to cancel any application and that consequently any offer made will be withdrawn or attendance suspended. I understand that the information supplied on this form will be retained by Rose Bruford College and will be used for the purpose of processing my application. In the event that my application is successful, I understand that the information will form part of my student record.

Signed:

Date:

**End of Application**