



Principal: Elisabeth Swan FISTD
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Please complete and return the form below. Confirmation of class availability will be sent as soon as possible.

ACCOUNT DETAILS to whom invoices for payment should be sent (to be completed by all applicants)

Surname: _____ Title & Initial(s): _____
 Address: _____

 Postcode: _____ Landline: _____
 Email: _____ Mobile: _____

ADDITIONAL CONTACT (to be completed ONLY where student is NOT living with account holder)

Surname: _____ Title & Initial(s): _____
 Address: _____

 Postcode: _____ Telephone: _____

FURTHER DETAILS (to be completed by all applicants)

	Student 1	Student 2	Student 3
Forename(s):	_____	_____	_____
Surname:	_____	_____	_____
ISTD PIN (if known):	_____	_____	_____
Date of Birth or Adult:	_____	_____	_____
Male / Female / Other:	_____	_____	_____
ULN * (if known) (Unique Learner Number - see over)	_____	_____	_____
Preferred start date:	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____

****PLEASE COMPLETE AND SIGN THE EMERGENCY INFORMATION & MEDICAL DECLARATION OVERLEAF****

Please state the class reference(s) for the class(es) you / your children wish to attend:

Ballet:	_____	_____	_____
Modern:	_____	_____	_____
Tap:	_____	_____	_____
Commercial Dance/Jazz:	_____	_____	_____
Musical Theatre:	_____	_____	_____

TERMS: I UNDERSTAND THAT, FOLLOWING THE AGREED TRIAL PERIOD, NOTIFICATION OF LEAVING MUST BE GIVEN IN WRITING BEFORE THE FIRST DAY OF TERM, OTHERWISE A FULL TERM'S FEES WILL BE PAYABLE.

Full terms & conditions are available upon request.

Signed _____
(self / parent / guardian)

OFFICE USE ONLY

A/C Ref: _____

Classes - Student 1:	____ // _____	DOE	____ / ____ / _____	<input type="checkbox"/> P/W <input type="checkbox"/> Weeks <input type="checkbox"/> Database <input type="checkbox"/> Register
	____ // _____	A/S	____ / ____ / _____	
Classes - Student 2:	____ // _____	U/F	____ / ____ / _____	
	____ // _____	Con	____ / ____ / _____	
Classes - Student 3:	____ // _____	Notes	_____	
	____ // _____		_____	
Enquiry Ref:	_____	Rec:	_____	

How We Use Your Information

The Weston School of Dance & Performing Arts (WSD) is committed to protecting its students' privacy. As a data controller the WSD has lawful bases under GDPR to collect and process data: **contract** – whereby information which has been provided by the family (or, such as exam results, subsequently gathered) is used to enable the successful supply of the services offered; **vital interests** – where medical information has been provided by a family so that a medical emergency can be dealt with in the appropriate manner.

On no account is information passed to third parties to be used for marketing purposes. At the time of entering students for examinations the absolute minimum amount of data is passed onto the Imperial Society of Teachers of Dancing (ISTD) who has a legitimate interest to enable it in the delivery and awarding of qualifications and assessments.

The School is registered with the Information Commissioner's Office and this registration will continue. Data held is subject to both physical and electronic protection.

Unique Learner Number (ULN)

This applies to England and Wales only. Those learners who wish to have qualifications recorded on their Learner Record as held by the Learner Registration Service must have a Unique Learner Number. Learners who receive government funding will have been supplied with a Unique Learner Number and this must be provided above. Any other learner who wishes their achievement to be recorded in their Personal Learning Record should provide their ULN, which can be obtained from their secondary school, or may be shown on GCSE or A Level result slips and certificates. Their Personal Learning Record will include information about their qualifications, awards and training events plus learning achievements that they may collect throughout their lifetime. For further information see the Learning Records Service website - <http://www.learningrecordsservice.org.uk/learnparent/>

Some of the information you supply will be used by the Education and Skills Funding Agency to fulfil its statutory functions, issue/verify your Unique Learner Number (ULN) and update/check your Personal Learning Record. The Education and Skills Funding Agency may share your ULN and Personal Learning Record with other education related organisations, such as your careers service, school, college, university, Government Departments and public bodies responsible for funding your education.

EMERGENCY ACTION and MEDICAL DECLARATION

IN CASE OF EMERGENCY IN CLASS please contact:

Name _____ Telephone: _____

In the event of an emergency, should a teacher or other representative of the School consider it necessary, I agree to and ambulance being called.

Signed: _____

(self / parent / guardian)

Please give details below of any medical condition (eg asthma) or injury which may affect the participation in a physical activity of any of those students listed overleaf, together with details of any medication required, and whether he/she is able to administer this his/herself. Continue on a separate sheet if necessary.

Student 1 _____

Student 2 _____

Student 3 _____