





KTPAS: Application Form:

Please complete this section if you are engaged to be married.

Name of fiancé(e) _____	
Date of wedding: _____	
Place of wedding: _____	
Are you currently living with your fiancé(e)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is he/she a born again Christian?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Marital status of fiancé(e):	
Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/>	

**Language proficiency:**

Is English your first language?  Yes  No

What is the quality of your spoken English?

Poor  Fair  Good  Excellent

What is the quality of your written English?

Poor  Fair  Good  Excellent

Have you taken an exam in English?  Yes  No

Exam taken: \_\_\_\_\_

Date: \_\_\_\_\_ Grade or score: \_\_\_\_\_

What other languages do you speak, read and/or write?

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<b>Education:</b> please list schools, colleges, University, other attended (give dates and addresses)	From	To
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Academic qualifications (including core, GCSE, A 'Level, B.Tec, HND Degree etc)

Year	subject/unit/module/component	Level/Qualification	Result/Grade/mark/ band	Result pending
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please note: You will be required to present your certificates if offered a place.

Vocational qualifications Dance, Acting, Singing, Music

Year	Subject	Level/grade	board/society	result	Year	Subject	Level/grade	board/society	result
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Previous and present Dance, Drama and singing experience

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**Equal Opportunities:**

Our school is committed to an Equal opportunities policy.

Special support or needs:

Please detail and special needs you may have or support required as a consequence of any disability or medical condition: \_\_\_\_\_

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**Ethnic Origin:**

White  Indian  Pakistani  Bangladeshi  Chinese  Asian  Black African   
Black Caribbean  Black other  Mixed race (please state) \_\_\_\_\_

Country of origin: \_\_\_\_\_

Nationality: English  Scottish  Welsh  Northern Irish  British

Other EU – please state: \_\_\_\_\_

Other – please state: \_\_\_\_\_

Gender: Male  Female

**Health:**

What is the state of your health?

Poor  Fair  Good  Excellent

Please state any medical treatment in the past 18 months (include illness, injury, allergies or stress related problems) \_\_\_\_\_

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KTPAS: Application Form:

Please indicate if you have ever had any of the following medical conditions:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Epilepsy                  | <input type="checkbox"/> Low Blood Pressure    | <input type="checkbox"/> Skin Condition      | <input type="checkbox"/> Gall Bladder Problems    |
| <input type="checkbox"/> Mumps                     | <input type="checkbox"/> Measles               | <input type="checkbox"/> Asthma              | <input type="checkbox"/> Heart condition          |
| <input type="checkbox"/> Scarlet Fever             | <input type="checkbox"/> German measles        | <input type="checkbox"/> Stress              | <input type="checkbox"/> Peruses (whooping cough) |
| <input type="checkbox"/> Tuberculosis              | <input type="checkbox"/> Convulsions           | <input type="checkbox"/> Chicken Pox         | <input type="checkbox"/> Hypertension             |
| <input type="checkbox"/> Allergies                 | <input type="checkbox"/> Dislocation of Joints | <input type="checkbox"/> Hepatitis           | <input type="checkbox"/> Eye Trouble              |
| <input type="checkbox"/> Anaemia                   | <input type="checkbox"/> Fatigue               | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Stomach/Duodenal Ulcer   |
| <input type="checkbox"/> Paralysis                 | <input type="checkbox"/> Intestinal Problems   | <input type="checkbox"/> Arthritis           | <input type="checkbox"/> Appendices               |
| <input type="checkbox"/> Hay fever                 | <input type="checkbox"/> Recurring Headaches   | <input type="checkbox"/> Cancer              | <input type="checkbox"/> Ear Trouble              |
| <input type="checkbox"/> Migraine                  | <input type="checkbox"/> Head Injury           | <input type="checkbox"/> Malaria             | <input type="checkbox"/> Back Problems            |
| <input type="checkbox"/> Jaundice                  | <input type="checkbox"/> Kidney Disease        | <input type="checkbox"/> HIV                 | <input type="checkbox"/> Thyroid                  |
| <input type="checkbox"/> Hernia                    | <input type="checkbox"/> Venereal Disease      | <input type="checkbox"/> Tonsillitis         | <input type="checkbox"/> Broken Bones             |
| <input type="checkbox"/> Diabetes                  | <input type="checkbox"/> Recurrent Diarrhoea   | <input type="checkbox"/> Fainting Spells     | <input type="checkbox"/> Mental/Nervous Disorder  |
| <input type="checkbox"/> Bulimia                   | <input type="checkbox"/> Anorexia              |  |   |
| <input type="checkbox"/> Other(s) – please detail: |  |  |   |

**Finances:**

How do you intend to fund the course and support yourself? (e.g. career development loan, private means etc) \_\_\_\_\_

\_\_\_\_\_

Please indicate your current financial resources; personal savings available to you.

£

Contribution from family and friends

£

Estimated income while a student

£

Contribution from your church

£

Total:

£

Please include with this application evidence of your ability to pay your fees (e.g. bank statement etc)

**Please note that all fees are payable in advance or by standing order.** If you are sponsored by your church or by another third party, you must include with this application a letter from your sponsor confirming their commitment.

It is the responsibility of the student to ensure full payment from sponsors.







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**Personal statement:**

Please state in approx 150 words why you have applied for this course and why you think you have the necessary potential to succeed.



**Applicants check list:**

- £25.00 application fee
- Evidence of ability to pay fees (bank statement, sponsor letter etc)
- Photographs: Please attach 4 passport photographs of yourself and one full length.
- A photocopy of your passport
- A photocopy of your current visa (if not from an EU country)
- Pastor's release letter (where appropriate)
- Completed disclaimer
- All relevant sections of this application completed