

TERTIARY DANCE COUNCIL: PERSONAL STATEMENT

NAME: _____ **GENDER:** Male / Female

ADDRESS: _____

GENERAL HEALTH:

- **Height:** _____ cms **Weight:** _____ kgs
- Do you have any **current medical problems**? Yes No If yes, what?
 1. _____
 2. _____
- Do you take any **regular medications**? Yes No If yes, what? State name and dosage.
 1. _____
 2. _____
- Are there any reasons which you know of that would prevent you from participating fully in the course? Yes No If yes, what?
 1. _____
 2. _____
- Are you a smoker? Yes No
- Have you any **past medical problems**? Have had / Do you have? (When?)

Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have / Have you sustained?

- | Yes | No |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Do you wear orthotics in your street shoes?

- | Yes | No |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

INJURIES:

- Are you suffering / have you suffered any injuries?

1. Injury: _____

Date of injury: _____ Incident: _____
Any residual problems?

2. Injury: _____

Date of injury: _____ Incident: _____
Any residual problems?

3. Injury: _____

Date of injury: _____ Incident: _____
Any residual problems?

4. Injury: _____

Date of injury: _____ Incident: _____
Any residual problems?

DANCE HISTORY:

- State the **forms of dance** you learn / have learnt (including form of classical - e.g.: RAD, Cecchetti, CSTD):

1.	_____	Age started: _____	Grade: _____	Hrs/week: _____
2.	_____	Age started: _____	Grade: _____	Hrs/week: _____
3.	_____	Age started: _____	Grade: _____	Hrs/week: _____
4.	_____	Age started: _____	Grade: _____	Hrs/week: _____

- Do you work *en pointe*? Yes No
- At what age did you commence **pointe work**? _____

DANCE TECHNIQUE:

Please comment below on any areas of your technique which you would like to improve:

1. _____
2. _____
3. _____