

 GRANT APPLICATION FORM

 All information will be treated confidentially

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |       | Name |       |
| Address |       |
| Postal Code |       | City |       |
| Telephone |       |
| E-mail |       |
| Bank account/post account number |        |
| Bank’s name and address |            |

**Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Birth date |       | Nationality |       |
| if Swiss, canton of origin |       | If foreigner living in Switzerland since  |        |
| Residence permit: (chose the corresponding option)  [ ]  B [ ]  C other, specify       |
| Marital status: (chose the corresponding option ) [ ]  single [ ]  married [ ]  divorced [ ]  separated |
| Spouse:  |
| Name |       |
| Birth date  |       | Nationality |       |
| Profession et function |       |

|  |
| --- |
| Children:  |
| Surname, name / Birth date |       |
| Surname, name / Birth date |       |

**Formal education**

|  |
| --- |
| Compulsory schooling:  |
|       | from       | to       |
| Secondary school, high school, apprenticeship, etc:  |
|       | from       | to       |
|       | from       | to       |
|       | from       | to       |
| Universities, other higher education institutions, etc:  |
|       | from       | to       |
|       | from       | to       |
| Diplomas (certificates, high school diploma, etc):  |
|       | from       | to       |
|       | from       | to       |

**Professional dance training**

|  |
| --- |
| Pre-professional training:  |
|       | from       | to       |
|       | from       | to       |
| Professional training:  |
|       | from       | to       |
|       | from       | to       |
| Diplomas:  |
|       |
|       |

**Other training**

|  |
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| Additional training (specific skills) or training followed in parallel to the work of professional dancer (type and duration):  |
|                 |
| Diplomas |       |
| Mother tongue |       |
| Knowledge of foreign languages:  |
| Spoken |       |
| Written |       |

**Professional activities**

|  |
| --- |
| Main activities in professional dance (employer, work place, duration):  |
|       | from       | to       |
|       | from       | to       |
|       | from       | to       |
|       | from       | to       |
| Last / current employer |       |
| Contract since |       |
| Without work since  |       |
| Have you carried out any professional activity outside of dance, specify:  |
|       | from       | to       |
|       | from       | to       |
|       | from       | to       |
|       | from       | to       |

**Retraining being considered**

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| --- |
| Kind of training (please attach the retraining program being considered as well as the admission confirmation):  |
|                 |
| Name of the training school/university/institution |       |
| Address |       |
| Contact person |       |
| Email |       |
| Tel |       | website |       |
| Training duration |       |
| Diploma / Title |       |
| Conditions of admission |       |
| Formation costs  |       |
| Have you been accepted? [ ]  yes [ ]  noIf yes, please provide the admission confirmation. If no, specify the reply date        |
| Describe your professional transition project:  |
|                      |
| Your professional transition project will be mainly evaluated by its potential to increase your earning capacity and reinforce your employability. How do you intent to implement it in order to achieve these objectives? What is your action plan/strategy? |
|                      |

**Funding of the considered training**

|  |  |
| --- | --- |
| Amount requested from Danse Transition  | CHF       |
| Own project financing  | CHF       |
| Family support | CHF       |
| Any steps taken at the unemployment office (chômage): [ ] oui [ ]  non |
| Results |  |
| Other steps taken |       |
| Results |  |

**Personal steps taken**

|  |
| --- |
| Professional orientation services (public or private)  |
|       |
| Other consultation services |
|       |
| **I give the Danse Transition committee permission to ask for additional information from** the orientation and advice services, unemployment counsellor and /or former employers (specify name and contact details) : |
|             |

**This form has been filled out truthfully.**

Place       Date       Signature

Please attach the following documents:

Documentation regarding the considered training, confirmation of admission, programme and training calendar, CV, covering letter explaining the professional transition project, the financial situation and what is needed, references, diplomas.

This form must be send to:

**Danse Transition**

**c/o Arsenic centre d’art scénique contemporain**

**Rue de Genève 57 - 1004 Lausanne**

**Tél. : +41 (0)78 878 58 01**

**Email :** **contact@danse-transition.ch**