

**REGISTRATION FORM FOR THE  
AUDITIONS TO CICLO FORMATIVO DE GRADO MEDIO  
ANIMACION EN CIRCO**

**CENTRE DE LES ARTS DEL CIRC ROGELIO RIVEL  
ACADEMIC YEAR 2024-2025**

<b>NAME AND SURNAME(S)</b>	
<b>EMAIL</b>	

**Enclosed paperwork:**

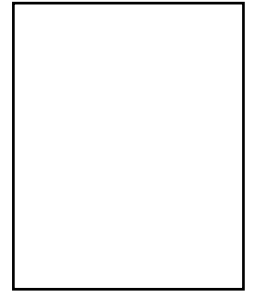
	Completed registration form
	Signed Payment Commitment document
	Signed GDPR policy

	Photocopy/scan Identity Card (ID) or passport
	Photocopy/scan of the Health Card (European Health Card in the case of EU candidates; international applicants please enquire in the office before applying)
	Photocopy/scan of the Spanish Social Security number (if you do not have one please enquire in the office before applying)
	1 passport size photo (printed or digital)

	Proof of payment of the audition registration fee (50 Euros)
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	Paperwork relevant to Academic Requirements (see page 2)
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## Contact details



Photo

<b>FIRST NAME</b>	
<b>SURNAME 1</b>	
<b>SURNAME 2 (if applicable)</b>	
<b>DATE OF BIRTH</b>	
<b>PLACE OF BIRTH</b>	
<b>COUNTRY OF BIRTH</b>	
<b>NATIONALITY</b>	
<b>MOTHER'S NAME</b>	
<b>FATHER'S NAME</b>	
<b>DNI or NIE (Spain)</b>	
<b>ID NUMBER (EU)</b>	
<b>PASSPORT NUMBER (EU/non-EU)</b>	
<b>SOCIAL SECURITY NUMBER (Spain)</b>	
<b>HEALTH CARD NUMBER (Spain)</b>	
<b>EUROPEAN HEALTH CARD NUMBER (EU)</b>	
<b>INSURANCE POLICY DETAILS (non-EU)</b>	
<b>MOBILE NUMBER</b>	
<b>FOREIGN MOBILE (inc. dialing code)</b>	
<b>EMAIL</b>	
<b>ADDRESS</b>	
<b>POSTCODE</b>	
<b>CITY</b>	
<b>PROVINCE/REGION</b>	
<b>COUNTRY</b>	
<b>In case of minors</b>	
<b>NAME OF LEGAL TUTOR</b>	
<b>ID CARD NUMBER OF LEGAL TUTOR</b>	
<b>CONTACT NUMBER</b>	
<b>EMAIL</b>	

## Academic Requirements

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In order to apply to the CFGM in you must prove that you are in possession of a Compulsory Secondary Education Title (GESO or equivalent), or having taken and passed the official Access test for intermediate education courses. You can also use your Baccaureate degree (or equivalent). Copies of original documents are valid for the audition registration process but at the time of formalizing your place in the course only originals or legal/certified copies will be accepted.

### Students that have carried out their education in Spain

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(please tick the boxes that apply)

- Photocopy of Compulsory Secondary Education Title (GESO or equivalent)
- Certified proof of having passed the official test for access to Intermediate education/vocation courses (CFGM)
- Photocopy of your Baccaureate degree (or equivalent).

### Students that have carried out their education abroad

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The process of homologating the GESO degree requires the original grade papers from the 10<sup>th</sup> year of schooling. Please enquire in the office for corresponding homologation fee.

If you have carried out your education in France, the homologating process requires your Seconde certificate. If you have studied in Italy, you will need pagelle di Terzo anno.

In the event of the **documents NOT having been issued within the EU**, it is necessary to obtain the Hague Apostille through the relevant authorities in your country. The Hague Apostille allows documents issued outside the EU to be legalized in the EU.

If these documents are **NOT written in Spanish, French, English or Italian** language, you have to obtain an official translation. The legal translation must be carried out by someone on this [list](#).

If you have any question about this process, please do not hesitate to enquire.

(please tick the boxes that apply)

- Original grade papers from the 10<sup>th</sup> year of schooling.

If required:

Original legal/sworn Translation

with Hague Apostille

## Training

**Skills**  
(Place of training, length in years, hours per week)

**NIVELL**  
(0 = beginner; 3 = highly skilled)

0	1	2	3
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### DANCE

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### THEATRE

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### ACROBATICS

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### CIRCUS SKILLS (specify)

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### SPORTS SKILLS (specify)

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OTHER (things you might consider relevant like musical skills, drawing...)

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## Motivational Letter

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(Write down everything that you think will help us to get to know you better as well as the reasons for choosing to train as a Circus Art professional)

## Other information

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Have you had any contact with the world of professional or amateur performance?

What are the reasons that have brought you to CAC Rogelio Rivel?

How did you hear about CAC Rogelio Rivel?

Are you applying to any other circus schools? If so, which one(s)?

## Medical History

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Name and Surname(s)

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Weight(Kg)

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Height(cm)

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**(It is important to give very specific answers with respect to injuries – length and treatments)**

Have you ever had surgery? What type?

Are you allergic to any medication(s)? If so, which?

Have you had a fracture? If so, what type and where?

Have you had any dislocation? If so, what type and where?

Have you had any sprains? If so, what type and where?

Have you had any tendonitis? If so, what type and where?

## Medical History

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Have you ever had or do you have cardiovascular, neurological or respiratory problems?

o you currently suffer from (or have you ever suffered from)...? It is important to answer as specifically as possible.

Diabetes

Hyperactivity

Growth issuest

Eating disorders

Mental Health Issues/Disorders:

Any other disease(s)? If so, which?



## **Payment Commitment**

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Centre de les Arts del Circ Rogelio Rivel is a project managed as a non-profit association.

The cost of the course is currently **3,500 Euros** per student per academic year for 2024/25.

- The deposit payment of 750 Euro to reserve a place will only be refunded if we can replace the candidate and as long as notice is given before the 17<sup>th</sup> of July.
- Tuition fees will only be refunded (a proportion of) in the event of an injury that prevents the student from continuing with the course.

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Name and Surname(s)

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ID/passport number

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**In case of minors, a legal tutor must complete this section too:**

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Name and Surname(s)

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ID/passport number

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**I DECLARE** that I have received all relevant paperwork from CAC Rogelio Rivel pertinent to the school requirements, terms of payment and how to apply for the relevant course.

**I AM COMMITTED** to making these payments in cash or bank transfers to the account below:

- A deposit of 750 Euro to be paid anytime from the time of acceptance and the 17<sup>th</sup> of July 2023.
- The remaining 2,750 Euro to be paid before the start of your classes.

ACCOUNT HOLDER AC Rogelio Rivel

IBAN ES37 2100 1048 3602 0003 8026

BIC/SWIFT CAIXESBBXXX

And for the record, I sign it in ....., on ....., 2024.

## Data Protection

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Associació de Circ Rogelio Rivel is the entity in charge of the handling of the personal data of the Interested Party (you) and informs you that this data will be treated in accordance with the provisions of Regulation (EU) 2016/679 of 27th of April 2016 (GDPR) and the Organic Law 3/2018, of 5th of December (LOPDGDD), which is why we provide you with the following information-handling protocol:

### Reasons for obtaining/storing and managing of data

For the legitimate interest of the person in charge: provision of education and training services and the maintenance of academic records. By consent of the interested party: management of data related to the health of the student and communication relating to products or services offered by the entity.

### Data retention criteria

Data will be kept for no longer than necessary to serve the original purpose for which it was collected. When it is no longer necessary/relevant, data will be deleted with adequate security measures to guarantee the protection of the data or their destruction.

### Data sharing

The data will not be shared with third parties, only if by legal obligation.

### Rights of the Interested Party:

- Right to withdraw your consent at any time.
- Right of access, rectification, and deletion of your data. Right to the transfer of your data and the limitation or opposition to its uses.
- Right to file a claim with the Control Authority ([www.aepd.es](http://www.aepd.es)) if you consider that the use of data does not comply with current regulations.

Contact information for any claims:

Rogelio Rivel Circ Association. C/ Portlligat, 11-15 - 08042 Barcelona (Barcelona).

Email: [secretaria@escolacircrr.com](mailto:secretaria@escolacircrr.com)

To carry out the data processing described, the Data Controller (entity) needs your explicit consent or the approval by your Legal Representative.

The interested party agrees to the management of their data as proposed:

Name ....., ID number.....

(In case of minors please complete too)

Name of legal tutor ....., ID number.....

And for the record, I sign it in ....., on ....., 2024.