

**REGISTRATION FORM FOR THE  
AUDITIONS TO CICLO FORMATIVO DE GRADO SUPERIOR  
ARTES DEL CIRCO**

**CENTRE DE LES ARTS DEL CIRC ROGELIO RIVEL  
ACADEMIC YEAR 2025-2026**

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

**Enclosed paperwork:**

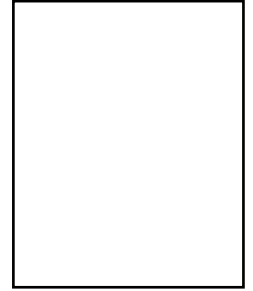
<input type="checkbox"/>	Completed registration form
<input type="checkbox"/>	Signed Payment Commitment document
<input type="checkbox"/>	Signed GDPR policy

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

<input type="checkbox"/>	Proof of payment of the audition registration fee (50 Euros)
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<input type="checkbox"/>	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**

In order to apply to the CFGS in you must prove that you have finished Baccaureate (or equivalent) or the CFGM in Circus Performance, or having taken and passed the official Access Test for higher education courses. Please enquire in the office for corresponding homologation fee.

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**

Photocopy of the Bachillerato Certificate or equivalent (please tick the boxes that apply)

Certificate that proves having passed CFGM in "Circus Performance"

Certified proof of having passed the official access Test to higher education/vocation courses (CFGS)

### **Students that have carried out their education abroad**

The process of homologating the Baccaureate degree requires the original grade papers from the 11<sup>th</sup> and 12<sup>th</sup> year of schooling and the original copy of the Baccaureate diploma.

If you have carried out your education in France, the homologating process requires your Seconde certificate and the grades from Première y Terminale as well as the Baccalauréat title. If you have studied in Italy, you will need pagelle di Quarto e Quinto anno and the Maturità Certificate.

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](#).

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.

The CAC Rogelio Rivel will be in charge of starting the homologation process while you are doing the auditions. If you are selected we will not be able to register you (and you will lose your place) if you do not provide us with the original documents as we will not be able to start the homologation process.

If you have any question about this process, please do not hesitate to enquire. (please tick the boxes that apply)

Original grade certificates from the 11<sup>th</sup> and 12<sup>th</sup> year of education and Baccaureate (or equivalent) Certificate

If required:

Original legal/sworn Translation  with Hague Apostille

## **Video Submissions**

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(please tick the boxes that apply)

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Name and Surname(s):

ID, NIE or passport  
details:

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Prior to the auditions, we recommend submitting a video of the following (via YouTube link) to be able to assess the level of the student:

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Technical demonstration of your chosen discipline  
(3 minutes maximum)

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Presentation of your own artistic show  
(5 minutes maximum)

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## **Motivational letter**

(Explain to us why you have chosen Circus Performing Arts as a means of expression and why you want to train as a professional in the field)

## 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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**MAIN CIRCUS TECHNIQUE:**

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**SECONDARY CIRCUS TECHNIQUE:**

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**OTHER CIRCUS THECNIQUES:**

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**DANCE**

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**THEATRE**

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

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## Other information

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What are your expectations for the future? (Explain what your plans for the future are once you finish the training at CAC Rogelio Rivel)

How did you hear about CAC Rogelio Rivel?

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

## **2 Year Artistic Project**

As part of the higher level degree we require a specific Artistic Project, can you please tell us about what yours might be?

## 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 Do 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 2026/27.

- The deposit payment of 750 Euro to reserve a place will only be refunded if we can replace the candidate.
- 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 2026.
- 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 ....., 2026.

## 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 ....., 2026.