

Manjeeram presents
Spandhan – The Sixth Sense

Have you heard of the saying, “A healthy body lies in a healthy mind”?

And if yes, can you achieve both of them in one go?

Probably not, because you may be required to go to two different places or use different means to achieve this.

Would you be convinced if we say Spandhan promises a healthy body and a healthy mind?

And that is two goals achieved in one shot.

Similarly have you ever thought of why a bald person would buy a comb? Why would anyone invest in something that they do not require?

Similarly, why would you pay for something that does not directly add value?

Read through to understand what Spandhan can offer you

We Offer:

- Dance for Soul
- Dance for Body
- Dance for Mind

Dance for Soul – Pure Traditional Dance Course – PTD (Kalakshetra Style) + Folk Dance
Covers – Style repertoire course components, style specific warm up, Repertoire (Practical, Theory, and Basic Vocal Music subsidiary to dance and cool down

Dance for Body – PTD + Dance Science + Folk Dance

Covers – Emphasis on body awareness in warm up phase, repertoire phase and cool down phase, Nutrition and Hydration, Style specific warm up, Repertoire (Practical, Theory, and Basic Vocal Music subsidiary to dance) and cool down

Dance for Mind – Management in dance + PTD + Stress Management + Folk Dance

Covers – Emphasis will be aimed at bringing out the latent qualities in an individual to make a leader of them right through warm up phase, repertoire phase and cool down phase, overview on Nutrition and Hydration, Style specific warm up, Repertoire (Practical, Theory, and Basic Vocal Music subsidiary to dance) and cool down

To understand more, peek through!!

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Application Form

(Candidates)

Please provide the following information regarding yourselves, all to the best of your knowledge, including any special needs, medical or family issues.

Filling in the forms might take 15 minutes or more, kindly understand that this would help you and us understand what is best for you

All information will be kept confidential.

Personal Details	
Name of candidate	
Date of Birth / Age	
Gender	
Date of Joining	
Mother's Name Father's Name	
Contact details of Mother / Father	
Emergency Contact Number (Specify Mother / Father)	
Occupation Self / Mother / Father	
Address	
Land Line Number	
Mobile (Self if any)	
Email (specify whether Self / Mother /Father)	

I am aware that Bharatanatyam (BN) is an ancient traditional dance form from India	<input type="checkbox"/>	<input type="checkbox"/>
I am aware that Bharatanatyam (BN) is also called the Temple dance of India	<input type="checkbox"/>	<input type="checkbox"/>
I am aware learning BN will expose my child to learning mythological and philosophical insights of Indian culture	<input type="checkbox"/>	<input type="checkbox"/>
I am happy that my child gets the above knowledge	<input type="checkbox"/>	<input type="checkbox"/>
I want to join my child to join the course, (tick as many as appropriate)		
As a hobby, including the above mentioned		
As a hobby, excluding the above mentioned		
With the keenness to pursue it as a career, part time/ full time		
Certification		
For physical fitness		
Personality development		

Knowing the candidate better		
Does the candidate have any of the below	Yes	No
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
If yes for any of the above, please specify the necessary action that needs to be taken in the unfortunate event that the student has an attack –		
Any known allergies, please specify –		
Any known injuries, please specify –		

Previous Experience		
Does the candidate have any of the below	Yes	No
Any previous dance training	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please answer the below, if not please go to next table		
Name of the dance style trained in		
Duration of training		
If trained in Bharatanatyam previously, can you please specify the style if you are aware –		
Level of training, for example the name of the step or piece learnt previously –		

Help us teach you best - Section A		
Does the candidate have any of the below	Yes	No
Delays in telling elders when in trouble	<input type="checkbox"/>	<input type="checkbox"/>
Blows a situation/event out of proportion to seek attention	<input type="checkbox"/>	<input type="checkbox"/>
Gets overtly anxious when in stressful situations (performance anxiety or even general anxiety)	<input type="checkbox"/>	<input type="checkbox"/>
Shows signs of constant tiredness	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty in concentrating	<input type="checkbox"/>	<input type="checkbox"/>
Has short attention span	<input type="checkbox"/>	<input type="checkbox"/>
Shows signs of low self confidence or self esteem	<input type="checkbox"/>	<input type="checkbox"/>
Displays signs of substance abuse when under pressure (eats a lot, sleeps a lot etc)	<input type="checkbox"/>	<input type="checkbox"/>
Constantly has issues with peers	<input type="checkbox"/>	<input type="checkbox"/>
Gives up very easily	<input type="checkbox"/>	<input type="checkbox"/>
Struggles in decision making situations	<input type="checkbox"/>	<input type="checkbox"/>
Needs constant reminders and motivation to complete a task	<input type="checkbox"/>	<input type="checkbox"/>
Talks a lot or hardly talks (how vocal she/he is)	<input type="checkbox"/>	<input type="checkbox"/>
Not very social	<input type="checkbox"/>	<input type="checkbox"/>
Bullies	<input type="checkbox"/>	<input type="checkbox"/>
Any other		

Help us teach you best – Section B		
Height of candidate		
Weight of candidate		
Nutrition plan – Click which is appropriate		
Vegetarian (no meat or fish)	<input type="checkbox"/>	
Non-Vegetarian	<input type="checkbox"/>	
Vegan (no meat, fish, or dairy products)	<input type="checkbox"/>	
Click Where appropriate	Yes	No
Weight reducing	<input type="checkbox"/>	<input type="checkbox"/>
Weight gaining	<input type="checkbox"/>	<input type="checkbox"/>
Intake of any nutritional supplements? For example, Vitamins, Iron, Calcium etc.	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please specify the details of the same – (Please include liquid supplements too, for example lucozade or any other energy drinks)		
Any issues with eating (for example, not interested in eating a particular kind of food etc)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please specify		
Number of hours of sleep per night (approximately)		
Any family history of asthma or exercise induced asthma (Having trouble in breathing when high impact physical activity is done, for example running, aerobics, dancing etc)?	<input type="checkbox"/>	<input type="checkbox"/>
Any family history of epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>

Physical activities done in school	Yes	No
Swimming	<input type="checkbox"/>	<input type="checkbox"/>
Number of hours per week		
Athletics/Running	<input type="checkbox"/>	<input type="checkbox"/>
Number of hours per week		
Tennis	<input type="checkbox"/>	<input type="checkbox"/>
Number of hours per week		
Basketball	<input type="checkbox"/>	<input type="checkbox"/>
Number of hours per week		
Football	<input type="checkbox"/>	<input type="checkbox"/>
Number of hours per week		
Please use this space to specify any other physical activities being done and specify the number of hours done per week –		
Warm-up before the physical activity (that is, at least 10 minutes of pulse raising activity, joint mobilisation and short stretches)	<input type="checkbox"/>	<input type="checkbox"/>
Cool-down after the physical activity (that is, at least 10 minutes of pulse lowering, re-mobilisation and stretching)	<input type="checkbox"/>	<input type="checkbox"/>
Any body-conditioning activities being done? For example, Yoga, Pilates, Aerobics, Tai Chi, Karate etc.	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please specify activity and duration per week –		
Female candidates only		
What age did she start her periods?		
Has it been regular ever since?	<input type="checkbox"/>	<input type="checkbox"/>
If no, what is the longest duration for which it has stopped?		
Do you take any regular medication?	<input type="checkbox"/>	<input type="checkbox"/>
Any other		
Please sign in agreement that you will not hold Manjeeram responsible for any physical or personal problems.		

Thank you for your time and responses. We will be in touch with you shortly.