

BALLET CENTRE of WA

1 Mabel Street
North Perth, 6006
WESTERN AUSTRALIA
Tel: +61 8 9201 1812
admin@youthballetwa.org.au
website: www.youthballetwa.org.au

2011 APPLICATION FOR AUDITION *Junior Professional Programme*

PLEASE USE BLOCK CAPITALS THROUGHOUT APPLICATION.

Course of Study Tick one course only

- Certificate IV (16 - 19 years)
 Certificate III (14 - 18 years)
 Full Time: During Day (12 - 20 years)
 Full Time: After School (8 - 17 years)

Please attach
passport size
photograph here

Student Details

Surname

Given Names

Male Female

Date of Birth:

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Address

Street Address

Suburb

Postcode

Contact Details

Home

Mobile

Email

Nationality

Medical Conditions

Does the student have any medical conditions? (Please tick the box(s) that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Hearing / Deafness |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Intellectual | <input type="checkbox"/> Acquired Brain Impairment |
| <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Vision | |
| <input type="checkbox"/> Other | | |
-

Have you ever been under the care of a doctor or physiotherapist in the last 6 months?

No

Yes please give details on a separate sheet

Does the applicant take any type of medication?

No

Yes

Please specify the product and the condition it is treating: _____

Parents or Guardians Details

Father / Guardian

Title	Surname
<input type="text"/>	<input type="text"/>

Given Name
<input type="text"/>

Occupation
<input type="text"/>

Height
<input type="text"/>

Signature
<input type="text"/>

Mother / Guardian

Title	Surname
<input type="text"/>	<input type="text"/>

Give Name
<input type="text"/>

Occupation
<input type="text"/>

Height
<input type="text"/>

Signature
<input type="text"/>

Correspondence should be addressed to:

<input type="text"/>

Academic History

Name of Current School	Current Year
<input type="text"/>	<input type="text"/>

Principal

Title	Surname	Given Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

Street Address

Suburb		Postcode	

Contact Details

Phone Number

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Email

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Dance Tuition

Does the applicant attend ballet classes?

No

Yes

If yes, please answer the following questions

Where does the applicant attend ballet classes?			
How long has the applicant attended ballet classes?			
How many lessons per week?			
What method is the applicant being taught (e.g. Vaganova or RAD):			
When was the applicant's last examination?			
What was the result of the exam?			

Does the applicant attend other dance classes?

No

Yes

Please specify:	
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DVD Only

Only answer if applying via DVD:

Weight _____ Kgs	Height (in bare feet) ____ Mtrs ____ Cms
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CHECKLIST

1. Complete Application Form (with at least one parent signature)
2. Head and shoulder shot of applicant (passport size)
3. DVD or Video (**this is only necessary if applying from interstate or overseas and cannot make actual audition date**) of a short Barre (no more than 10 minutes) demonstrating:
 - a) Barre
 - i. Plies
 - ii. Tendus / Jetes
 - iii. Fondus
 - iv. Grande Battement
 - b) Centrework
 - i. Adage
 - ii. Pirouettes
 - iii. Small Batteries
 - iv. Grande Allegro

If applicant is currently studying a variation, please add it to the end of the DVD / Video.

4. Only to be filled in if applying by DVD or video

Please complete and return this form with a passport-sized photograph (head and shoulders) and DVD if applicable to:

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