

APPLICATION FOR AUDITION

PLEASE USE BLOCK CAPITALS THROUGHOUT APPLICATION.

COURSE OF STUDY Tick one course only

☐ Year 12 ATAR Dance ☐ Year 11 ATAR Dance

☐ Full Time (9 – 18 years) ☐ After School (8 – 17 years)

Please attach

passport size photograph here

### STUDENT DETAILS

|  |
| --- |
| Surname |
|  |
| Given Names |
|  |

 ☐ Male ☐ Female

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE OF BIRTH**  |  |  |  |  |  |  |  |  |

 ADDRESS

|  |
| --- |
|  |
| Street Address |
|  |
| Suburb  | State | Postcode |

CONTACT DETAILS

|  |
| --- |
| Home |
|  |
| Mobile |
|  |
| Email |
|  |

###  MEDICAL CONDITIONS

|  |
| --- |
| **Does the student have any medical conditions?** (Please tick) |
|  | Not Applicable  |  | Medical Condition |  | Hearing / Deafness |
|  | Physical |  | Intellectual |  | Acquired Brain Impairment  |
|  | Mental Illness |  | Vision |  |  |
|  | Other |  |

|  |
| --- |
| **Injuries**Does the student have any current or previous injuries?  |
| Details: |  |
|  |
|  |
| Treatment: |  |
|  |

PARENTS OR GUARDIAN’S DETAILS

|  |  |  |
| --- | --- | --- |
| **Parent 1 / Guardian** |  |  **Parent 2/ Guardian** |
| Title | Surname |  |  Title | Surname |
|  |  |  |  |  |
| Given Name |  | Give Name |
|  |  |  |
| Occupation |  | Occupation |
|  |  |  |
| Height |  | Height |
|  |  |  |
| Signature |  | Signature |
|  |  |  |

|  |
| --- |
| **EMAIL ADDRESS FOR CORRESPONDENCE:**  |
|  |

 ACADEMIC HISTORY

|  |  |
| --- | --- |
|  |   |
| NAME OF CURRENT SCHOOL: | CURRENT SCHOOL YEAR |
| PRINCIPAL: |
| ADDRESS: |
|  |
| EMAIL: | PHONE: |
| Please list any special learning requirements/needs: |

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: |  |

DVD APPLICANTS ONLY ~ PLEASE ONLY ANSWER IF APPLYING VIA DVD:

|  |
| --- |
| **Height** (in bare feet) **\_\_\_\_Mtrs \_\_\_\_Cms** |

## **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;

1. Barre
	1. Plies
	2. Tendus / Jetes
	3. Fondus
	4. Grande Battement
2. Centrework
	1. Adage
	2. Pirouettes
	3. Small Batteries
	4. Grande Allegro

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

**Please complete and return this form with a passport-sized photograph (head and shoulders)**

**and DVD if applicable to:**

YOUTH BALLET WA - AUDITION APPLICATION

ATTENTION

PO 106 Burswood WA 6100

admin@youthballetwa.org.au