Logo

Description automatically generated

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

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