

APPLICATION FORM FOR ENTRY IN 2015

COMPLETE IN BLOCK LETTERS PLEASE

APPLICANT CONTACT DETAILS

Family Name: _____ First Names: _____
Current Address: _____
Suburb: _____ Postcode: _____ Country: _____
Phone: _____ Fax: _____
Email: _____ Mobile: _____

APPLICANT PERSONAL DETAILS

Date of Birth: _____ Age: at 1/1/15 _____ Male/Female
Height: _____ cms or _____ ft _____ ins Weight: _____ kgs or _____ st _____ lbs
Country of Birth: _____ Australian Citizen: Yes / No
If no, please state Citizenship _____ Aboriginal or Torres Strait Islander: Yes / No
Language (at home) _____ Proficiency in English _____

EMERGENCY / PARENT / GUARDIAN CONTACT DETAILS (Please indicate)

Relationship to applicant: _____
Family Name: _____ First Names: _____
Current Address: _____
_____ Country: _____
Phone: _____ Fax: _____
Email: _____ Mobile: _____

TRAINING HISTORY (please attach copies of your most recent qualifications)

Please indicate, where applicable, the syllabus studied, standard attained and number of years studied:

Ballet Syllabus: _____ Standard Attained: _____ Number Of years: _____

Please indicate if a member/previous member of :

Qld Ballet Jnr Extension Program &/or Australian Ballet Jnr Interstate Program

Modern/Contemporary Syllabus: _____ Standard Attained: _____ Number Of years: _____

Jazz Syllabus: _____ Standard Attained: _____ Number of Years: _____

Hip Hop Syllabus: _____ Standard Attained: _____ Number of Years: _____

Tap Syllabus: _____ Standard Attained: _____ Number of Years: _____

Gymnastics Training: _____ Number of Years: _____

Vocal Training: _____ Standard Attained: _____ Number of Years: _____

Speech & Drama Training: _____ Number of Years: _____

Instrumental Training: _____ Standard Attained: _____ Number of Years: _____

Other Genre: _____ Number of Years: _____

Current Dance School (1): _____

Principal: _____ Teacher(s): _____

Current Dance School (2): _____

Principal: _____ Teacher(s): _____

Previous Dance School: (if relevant): _____

Principal and/or Teacher(s): _____

Relevant Performance Experience: _____

ACADEMIC RECORD

School/Tertiary Institute currently attended: _____

Learner Unique Identifier Number (LUI): _____

Current academic standard (eg Year 10) _____

Courses/Subjects studied: _____

Yes / No

If yes, please give details

/BBS? (Please tick all that apply)

Media

Advert

Article

Word of Mouth

Dance Studio / Teacher

Eisteddfods / Performances

Website

Graduate/s of SDDS

Current Student/s at the SDDS

Family / Friends

What do you wish to gain from this course in terms of acquiring skills and your own personal development? _____

AUDITION QUESTIONNAIRE (to be completed by prospective student)

1. Describe your personality as your friends might see you _____

2. Describe your personality as your teachers may see you _____

3. Describe your greatest strengths in performance _____

4. Describe your greatest weaknesses in performance _____

5. Describe your greatest personal strengths _____

6. Describe your greatest personal weaknesses _____

7. What are your short term goals (next 2 years) personally and professionally? _____

8. What are your long term goals (10 years) personally and professionally? _____

9. What qualities and skills can you bring to enrich the performance and personal environment of VBC NSW? _____

10. Are you more comfortable in a class or performance environment, and why? _____

DECLARATION

I declare that all information contained in this application and associated documents is complete and accurate. I understand and agree that any misrepresentation or omission of facts will justify a denial or cancellation of admission.

Name of Applicant: _____

Signature of Applicant: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____

(if applicant is under the age of 18 years)

VOCATIONAL BALLET COLLEGE NSW MEDICAL FORM

To be completed by a Registered Medical Practitioner

familiar with the applicant's case history

Name: _____

Date of Birth: _____ Age: _____ Sex : F / M

Date Form Completed: _____

Please answer all questions as accurately as possible

1. How long has the applicant been your patient? _____

2. Does the applicant have / has the applicant ever had? (please tick appropriate boxes)

	Yes	No	Year		Yes	No	Year
Anaemia or Blood Disorder				Arthritis			
Asthma/Bronchitis				Chronic Fatigue Syndrome			
Concussion				Current infectious or Transmittable diseases			
Diabetes				Epilepsy			
Glandular Fever				Heart Problems			
Hernia				High / Low (indicate) Blood Pressure			

If yes please describe any findings, health concerns or medication required by the applicant for this condition: _____

3. Does the applicant have any eye concerns/problems? Yes / No (If yes, please describe)

Date of last eye exam:

Visual Acuity Left Right

Does the applicant wear glasses? Yes / No

Does the applicant wear contact lens? Yes / No

Has the applicant had eye surgery? Yes / No

4. Does the applicant have any hearing concerns/problems? Yes / No (If yes, please describe)

Does the applicant experience frequent ear infections? Yes / No

Does the applicant have a hearing impairment? Yes / No

Does the applicant require a hearing aid? Yes / No

5. Any other ongoing long term illness. If so, what? _____

6. Does the applicant have any emotional concerns? If yes please provide some detail:

7. Is the applicant allergic to any known medication? Yes / No (If yes, detail below)

Does the applicant have any other allergies Yes / No (If yes, detail below)

Epipen needed for allergies Yes / No

8. Has the applicant ever had:

Spinal injury (back strain, slipped disc etc) Yes / No (If yes, detail below)

Fracture, Dislocation or any injury to joints or bones Yes / No (If yes, detail below)

Specific Neck Injuries Yes / No (If yes, detail below)

Muscular problems Yes / No (If yes, detail below)

9. Physical Examination:

Height (cm): _____ Weight (kgs): _____ B/P: _____

Does the applicant feel this is their ideal weight? _____

Comments

Eyes:	Normal / Abnormal	_____
Ears/Nose/Throat:	Normal / Abnormal	_____
Respiratory:	Normal / Abnormal	_____
CVS:	Normal / Abnormal	_____
Abdomen:	Normal / Abnormal	_____
Spine:	Normal / Abnormal	_____
Extremities:	Normal / Abnormal	_____
Skin:	Normal / Abnormal	_____
Neurological:	Normal / Abnormal	_____
Behavioural:	Normal / Abnormal	_____
Emotional:	Normal / Abnormal	_____

Please describe any findings and health concerns or conditions which may require treatment:

Are you aware of any medical condition or injury that may impair the applicant's ability to fully complete a professional dance course? _____

10. Female Applicants only – Male applicants move to next section

Menses History

At what age did the applicant start menstruating? _____

Does she have regular cycles? Yes / No If no, how long ago was her last period? _____

In the past 3 years has she had any episodes without a period for 3 months or more? Yes / No

On average, over the past 3 years, how many periods does she have a year? _____

Does she take any medication to regulate her cycles? Yes / No

Does she take any medication to control painful cycles? Yes / No

Medical Assessor: _____

Date of Assessment: _____ Phone: (Bus): _____

Address: _____

Email: _____

Qualification: _____

Signed: _____

DECLARATION –

I understand that the results of this examination can be discussed by the above-signed medical Practitioner with the staff undertaking the auditions for the Vocational Ballet College NSW and hereby give my consent for the medical information contained within to be disclosed only to relevant or recognised health practitioners in an emergency. Such information will at all other times be treated in the strictest of confidence in accordance with current privacy legislation.

Applicant's signature: _____ Date: _____

Parent / Guardian's signature: _____ Date: _____

(required only for applicants under the age of 18 years)

The completed questionnaire is a confidential document and will only be seen by the Director and relevant staff of the VBC NSW