



Applicant: _____



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CRICOS 01600A

31–33 Collingwood St, Albion Qld 4010

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Accounts: gaznik2@bigpond.com

Web: www.brisbanedancecentre.com.au

Director Barbara Eversen ARAD
beversen@adpi.com.au



Brisbane Ballet School / Jnr Musical Theatre

Application Booklet

*Please lodge your application as soon as possible
but no later than Wednesday 27th September 2017
for the Major Audition Date*

Private Auditions by Appointment

Audition Dates

There are two methods of auditioning for ADPI in person, or by DVD.

If auditioning in person, please indicate which method you would like to audition by:

Major Audition Day Monday 2nd October 2017

Private Audition by appointment

Audition by DVD / YouTube

APPLICATION REQUIREMENTS

1. Application / Audition Fee of A\$85.00

Please indicate payment method:

- Credit Card: Name:..... Type: Mastercard / Visa
No.: Expiry:..... CCV:
- Signature: Amount: \$85.00
- Cheque in favour of: Australian Dance Performance Institute Pty Ltd
- Postal Order in favour of: Australian Dance Performance Institute Pty Ltd

**Applicants under the age of 18
must have their forms countersigned by a parent/guardian**

- 2. Signed Application Form** Countersigned by your parent/guardian if under 18 years of age.
- 3. Signed Medical Form** Completed by a registered medical practitioner familiar with your case history, if possible, and countersigned by your parent/guardian if under 18 years of age.
- 4. Audition Questionnaire Completed** by the prospective student.
- 5. Character Reference** (from someone who has known you for many years)
- 6. Photograph** (Full length in practice clothes facing camera)
- 7. Audition DVD** (if applicable)
- 8. Copies of your last Educational and Dance Qualifications**

Please send this Booklet (completed) along with Items 1 & 5-8 as indicated above by the submission date shown on the front page to:

**Auditions
Australian Dance Performance Institute
31-33 Collingwood Street
Albion Qld 4010
Australia**

APPLICATION FORM FOR ENTRY IN 2018

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: (today .../.../...) _____ 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: _____

Please confirm programme selected:

BBS Excellence Programme

Junior Musical Theatre Program

Audition Method: In Person OR DVD enclosed

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

If no syllabus has been studied please mark OPEN and indicate the Number of Years attending

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): _____

Unique Student Identifier Number (USI): _____

Current academic standard : In 2018 I will have completed Year _____

Courses/Subjects studied: _____

Present occupation (if applicable): _____

Do you have any learning difficulties that the School should be aware of: Yes / No

If yes, please give details: _____

How did you hear about the Australian Dance Performance Institute/BBS? (Please tick all that apply)

- Media Advert Article
- Word of Mouth
- Dance Studio / Teacher
- Eisteddfods / Performances
- Website
- Graduate/s of ADPI
- Current Student/s at the ADPI
- 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 greatest strengths in performance _____

2. Describe your greatest weaknesses in performance _____

3. Describe your greatest personal strengths _____

4. Describe your greatest personal weaknesses _____

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

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

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)

***Please note if you are accepted into the BBS Program you will be required to submit a medical history form (to be completed by a registered medical practitioner) and a full physio assessment by a registered physiotherapist. Our office will supply you with the required forms and information needed.**