

APPLICANT: _____



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Director Barbara Eversen ARAD

beversen@adpi.com.au

International Student Full Time Application Booklet 2019 Intake

*Please lodge your application as soon as possible or
by Wednesday 26th September 2018*

**(Late applications will be accepted if places are available)*

DVD Audition is due 14 November 2018

APPLICATION REQUIREMENTS

1. Application / Audition Fee of AUD \$45.00

Please indicate payment method:

Credit Card: Name:..... Type: Mastercard / Visa

No.: Expiry:..... CCV:

Signature: Amount: \$45.00

**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. **Photographs** - Please submit soft or hard copies of the following:
 - a. Full body in leotard and tights – facing front, feet parallel arms beside body
 - b. Degage devant in the Ouvert alignment, arms 4th Opposition. (Both sides)
 - c. 1st Arabesque decote, (both sides)
 - d. Demi Plie in 1st Position, en face, arms in Second Position.
 - e. Sitting on the floor, back straight facing the side, with legs to the front fully stretched and feet pointed.
7. **Audition DVD**
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
Or via email admin@adpi.com.au**

APPLICATION FORM FOR ENTRY IN 2019

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/.....) _____ Male/Female

Height: _____ cms or _____ ft _____ ins Weight: _____ kgs or _____ st _____ lbs

Country of Birth: _____

Citizenship _____

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 choose one option from each of the following -

a) Specialisation:

CUA50113 Diploma of Dance (Elite Performance)

CUA60113 Advanced Diploma of Dance (Elite Performance)

CUA50213 Diploma of Musical Theatre - (prerequisite for 10508NAT)

10508NAT Advanced Diploma of Art (Musical Theatre and Commercial Dance)

Audition Method: DVD / YouTube Other _____

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

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

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

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

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

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

Gymnastics / Silks / Circus 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: _____

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

Courses/Subjects studied: _____

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

If yes, please give details: _____

Present occupation (if applicable): _____

How did you hear about the Australian Dance Performance Institute? (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 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? _____

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 complete the medical form below by a registered General Practitioner in your country or by a doctor here in Australia.**

Please return the completed medical form to our office at admin@adpi.com.au along with your application.

AUSTRALIAN DANCE PERFORMANCE INSTITUTE 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 Australian Dance Performance Institute 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 Australian Dance Performance Institute