***SELECT COURSE/S:***

|  |
| --- |
| **MUSICAL THEATRE** |
| CUA50213 **Diploma Of Musical Theatre** 2 years Full-time  |  |
| CUA40513 **Certificate IV in Musical Theatre** 1 year Full-time  |  |
| **DANCE** |
| 10508NAT **Advanced Diploma Of Art (Musical Theatre & Commercial Dance)** 1 year Full-time  |  |
| CUA60113 **Advanced Diploma of Dance (Elite Performance)** 2 years Full-time  |  |
| CUA50113 **Diploma of Dance (Elite Performance)\*** 2 years Full-time  |  |
| CUA40113 **Certificate IV in Dance** 1 year Full-time  |  |
| CUA30113 **Certificate III in Dance** 1 year Part time  |  |

*The above courses are delivered under the auspices of ADPI RTO#1476*

**Please complete the sections below in PRINTED CAPITAL LETTERS:**

|  |  |
| --- | --- |
| **SURNAME** |  |
| **GIVEN NAMES** |  |
| **Street:** |
| **Suburb:** | **State:** | **Postcode:** |
| **CONTACT****NUMBERS** | **Home:** | **Mobile:** |
| **EMAIL** |  |
| **DATE OF BIRTH:** | **AGE:** | **Height (cms):**  |
| **PLACE OF BIRTH:** | **NATIONALITY:** |
| **PARENT OR GUARDIAN CONTACT DETAILS** |
| **PARENT / GUARDIAN** FULL NAME | **Given** **Names** | **Surname** |
| CONTACT NOs: | **BH:** | **AH:** | **Mobile** |
| EMAIL: |  |  |
| **PARENT / GUARDIAN**FULL NAME | **Given** **Names** | **Surname** |
| CONTACT NOs: | **BH:** | **AH:** | **Mobile** |

|  |
| --- |
| **QUALIFICATION** |
| **Have you completed high school? If so, when & where?** |  |
| **What is your highest educational qualification? Include name of institution and year?** |  |
| **TRAINING EXPERIENCE**Briefly tell us about your training experience, eg, how many years, name of school etc. |
| **SINGING** |
|  |
| **DANCING** |
|  |
| **ACTING** |
|  |
| **MUSIC (instruments and any graded exams completed)** |
|  |
| **OTHER PERFORMING ARTS RELATED TRAINING** |
|  |

|  |
| --- |
| **GOALS****What do you hope to achieve after the course?** |
|  |
| **ON-GOING COMMITMENTS****Are you currently working or plan to do other studies?** |
|  |
| **INJURIES OR HEALTH** | **YES** | **NO** |
| Have you suffered any serious physical or mental illness, injury or condition that might prevent you from participating fully in the course?  |  |  |
| Are you taking any prescribed medication? |  |  |
| Have you been hospitalised in the last 5 years? |  |  |

**ALL APPLICATIONS MUST BE ACCOMPANIED BY**

|  |  |
| --- | --- |
|  | **1 x headshot (black & white or colour)**This does not have to be a professional photo. You can supply this electronically or provide a print-out if you are mailing your application.  |
|  | **Academic records*** High School Certificate
* Other qualifications
 |
|  | **1 x photo ID** (driver’s license, learners, passport or keypass) |

**RETURN THIS FORM TO APO ARTS ACADEMY**

|  |  |
| --- | --- |
| BY EMAIL | **info@apoartsacademy.com** |
| BY POST | APO Arts Academy295 Bank Street South Melbourne Victoria Australia 3205 |

**APPLICATION FEE**

AU$30 application fee applies per student regardless of the number of course. Payment options are:

|  |  |
| --- | --- |
| BY CHEQUE | Post or hand-deliver |
| BY CASH | Hand-deliver only. DO NOT POST CASH PAYMENTS! |
| BY CREDIT CARD | Visa or MasterCard only |
| Card holder’s Name |  |
| Credit Card Number |  |
| Expiry Date |  |
| CVN (last 3 digits back of card) |  |