

 <p><b>Whitireia</b> living · learning · sharing</p> <p>COMMUNITY POLYTECHNIC Te Kura Matatini o Whitireia</p>	<h1>WPAC</h1> <h2>Application for Audition</h2> <h1>2010</h1>	<p><i>Affix passport photo here</i></p> <p><b>Note: 2 passport photos must be provided with application</b></p>
---	---	---

**CAMPUS – Wellington Performing Arts Centre – 36 Vivian Street, Wellington City**

### θ COURSES -

*Tick the Course for which you are applying:*

#### DIPLOMA IN PERFORMING ARTS – DANCE:

Commercial Dance

Audition Date: Oct 17<sup>th</sup>-18<sup>th</sup> 2009

Start Date: Feb 2010

#### DIPLOMA IN PERFORMING ARTS – SINGING:

Musical Theatre

Audition Date: Oct 18<sup>th</sup> 2009

Start Date: Feb 2010

#### CERTIFICATE IN SCREEN ACTING:

(Six-Month Course)

Audition Dates: Nov 14<sup>th</sup> 2009

Start Date: Feb & July 2010

SURNAME/FAMILY NAME			
FIRST NAME(S)			
PREFERRED FULL NAME			
GENDER	F <input type="checkbox"/>	M <input type="checkbox"/>	DATE OF BIRTH <input type="text"/>
			IRD NO <input type="text"/>

### θ YOUR CONTACT INFORMATION

YOUR CONTACT ADDRESS

Street, Town/City, Postal Code

TELEPHONE

CELLPHONE

EMAIL



#### WELLINGTON PERFORMING ARTS CENTRE

Owned and Operated by Whitireia Community Polytechnic

36 Vivian Street, PO Box 9656, Marion Square, Wellington

Tel (04) 2386225

Fax (04) 3850486

Email [wpac@whitireia.ac.nz](mailto:wpac@whitireia.ac.nz)

**θ PERSONAL AIMS OF THE COURSE (indicate what you want to achieve from the course)**


**θ RELEVANT TRAINING and/or EXPERIENCE**


**θ HEALTH – Please fill in Attached Form**

<b>SIGNED:</b>		<b>DATE:</b>	
----------------	--	--------------	--

**Checklist: Please complete this application in full and return it as soon as possible with:**

1. Attached and completed Whitireia Enrolment Form
2. Your completed Medical Form signed by your Doctor
3. Proof of NZ Citizenship/Residency – attach a **verified photocopy** (by solicitor or JP) of your birth certificate or passport
4. 2 x written character references
5. 2 x passport sized photographs


**θ YOU WILL NOT BE GIVEN AN AUDITION UNLESS YOUR APPLICATION IS COMPLETE & CORRECT**

**PLEASE NOTE: Final enrolment subject to successful audition. Applicants will be notified within 7 days from audition of result. Successful applicants will then be required to complete a Whitireia Enrolment Form  
Decision of audition panel is final.**



**COMMUNITY POLYTECHNIC**  
Te Kura Matatini o Whitireia

**WELLINGTON PERFORMING ARTS CENTRE**  
 Owned and Operated by Whitireia Community Polytechnic  
 36 Vivian Street, PO Box 9656, Marion Square, Wellington  
 Tel (04) 2386225      Fax (04) 3850486      Email wpac@whitireia.ac.nz



**Whitireia**  
living · learning · sharing

**COMMUNITY POLYTECHNIC**  
Te Kura Matatini o Whitireia

# Medical Form

To be attached to application

**Private and Confidential**

<b>NAME</b>		<b>DATE OF BIRTH</b>	
-------------	--	----------------------	--

**θ RECORD OF BROKEN BONES, JOINTS OR SPINE DISORDERS AND DETAILS OF TREATMENT**

**RELATED TO PERFORMING ARTS TRAINING**

	<b>DATE</b>	
	<b>DATE</b>	
	<b>DATE</b>	

**UNRELATED TO PERFORMING ARTS TRAINING**

	<b>DATE</b>	
	<b>DATE</b>	
	<b>DATE</b>	

**θ RECORDS OF ANY BIRTH DEFECTS AND DETAILS OF ANY TREATMENT**

	<b>DATE</b>	
	<b>DATE</b>	

**θ RECORDS OF SERIOUS DISEASES OR CONDITIONS (eg heart conditions, rheumatic fever, polio, glandular fever or diabetes)**

	<b>DATE</b>	
	<b>DATE</b>	

**θ DO YOU HAVE, OR HAVE HAD, HAY FEVER, ECZEMA, OR ANY OTHER ALLERGIES OR SKIN CONDITIONS?**

	<b>DATE</b>	
	<b>DATE</b>	

**θ ARE YOU ON ANY MEDICATION AT PRESENT? IF SO, FOR WHAT CONDITION, AND WHAT DRUGS ARE YOU TAKING?**

	<b>DATE</b>	
	<b>DATE</b>	



**Whitireia**  
living · learning · sharing

**COMMUNITY POLYTECHNIC**  
Te Kura Matatini o Whitireia

**WELLINGTON PERFORMING ARTS CENTRE**  
Owned and Operated by Whitireia Community Polytechnic  
36 Vivian Street, PO Box 9656, Marion Square, Wellington  
Tel (04) 2386225 Fax (04) 3850486 Email wpac@whitireia.ac.nz

**θ HAVE YOU HAD ANY ADVERSE REACTIONS TO DRUGS? IF SO WHICH?**

**θ RECORD OF EAR OR EYE TROUBLE**

	DATE
	DATE

**θ RECORDS OF OPERATIONS**

	DATE
	DATE
	DATE

**θ IS THERE ANY HISTORY OF MIGRAINE, BLACKOUTS OR EPILEPSY?**

**Note:** a letter from your doctor stating that you would be able to attend a full-time course is required

	DATE
	DATE

**θ IS THERE ANY HISTORY OF DEPRESSION, ANXIETY STATES OR OTHER NERVOUS DISORDERS?**

**Note:** a letter from your doctor stating that you would be able to attend a full-time course is required

**θ ARE THERE ANY OTHER ONGOING PHYSICAL OR MENTAL CONDITION THAT MAY AFFECT YOUR ATTENDANCE AT SCHOOL OR PREVENT YOU FROM PARTICIPATING FULLY? (IF SO PLEASE DETAIL)**

<b>NAME OF DOCTOR:</b>	
<b>ADDRESS OF PRACTICE:</b>	

<b>SIGNATURE OF DOCTOR:</b>		<b>DATE:</b>	
-----------------------------	--	--------------	--

<b>SIGNATURE OF APPLICANT:</b>		<b>DATE:</b>	
--------------------------------	--	--------------	--

*Please complete this form in the presence of your GP. If you are on medication please ensure that this form is accompanied by a letter from your GP stating your fitness to do the course. Please return this Medical Form with your Audition Application to: **WPAC, P.O. Box 9656, Marion Square, Wellington 6141***



**COMMUNITY POLYTECHNIC**  
Te Kura Matatini o Whitireia

**WELLINGTON PERFORMING ARTS CENTRE**  
Owned and Operated by Whitireia Community Polytechnic  
36 Vivian Street, PO Box 9656, Marion Square, Wellington  
Tel (04) 2386225 Fax (04) 3850486 Email wpac@whitireia.ac.nz