

# Whitireia Performing Arts Company Ltd

## Application for Audition

### 2010 & 2011

*Affix passport  
photo here*

**Note: 2 passport  
photos must be  
provided with  
application**

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  
Start Date: Feb 2011

#### DIPLOMA IN PERFORMING ARTS – SINGING:

Musical Theatre  
Start Date: Feb 2011

#### CERTIFICATE IN SCREEN ACTING

(20 weeks/full time)  
Start Date: 19 July 2010 & Feb 2011

 July 2010

 Feb 2011

SURNAME/FAMILY NAME

FIRST NAME(S)

PREFERRED FULL NAME

GENDER

F

M

DATE OF  
BIRTH

IRD  
NO

#### θ YOUR CONTACT INFORMATION

YOUR CONTACT ADDRESS  
Street, Town/City, Postal Code

TELEPHONE

CELLPHONE

EMAIL

**WHITIREIA  
PERFORMING  
ARTS  
COMPANY LTD**

www.wpac.org.nz

WHITIREIA PERFORMING ARTS COMPANY Ltd  
Owned and Operated by Whitireia Community Polytechnic  
36 Vivian Street, PO Box 9656, Marion Square, Wellington  
Tel (04) 238 6225 Fax (04) 385 0486 Email 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>	
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**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.**

 <p><b>WHITIREIA PERFORMING ARTS COMPANY LTD</b></p> <p><small>www.wpac.org.nz</small></p>	<p><b>WHITIREIA PERFORMING ARTS COMPANY Ltd</b>        Owned and Operated by Whitireia Community Polytechnic        36 Vivian Street, PO Box 9656, Marion Square, Wellington        Tel (04) 238 6225    Fax (04) 385 0486    Email <a href="mailto:wpac@whitireia.ac.nz">wpac@whitireia.ac.nz</a></p>
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<b>Whitireia Performing Arts Company Ltd</b> <b>MEDICAL FORM</b> <b>2011</b>	Private and <b>Confidential</b>
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<b>NAME</b>		<b>DATE OF BIRTH</b>	
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**⊖ RECORD OF BROKEN BONES, JOINTS OR SPINE DISORDERS AND DETAILS OF TREATMENT**

**RELATED TO PERFORMING ARTS TRAINING**

	DATE	
	DATE	
	DATE	

**UNRELATED TO PERFORMING ARTS TRAINING**

	DATE	
	DATE	
	DATE	

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

	DATE	
	DATE	

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

	DATE	
	DATE	

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

	DATE	
	DATE	

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

	DATE	
	DATE	

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