

Audition Application Form

The following information is collected by Melbourne City Ballet for the purposes of assessment for eligibility for classical training courses or employment. Sensitive information regarding injuries or health will be viewed only by Melbourne City Ballet’s Assessment Panel, Senior Staff Members and Health Professionals (Anna Tetlow Pilates & Jurmaine Health). Information provided on this document must be answered truthfully to the best of your knowledge.

Where all information does not fit, applicants are welcome to attach a CV to this form to assist the judging panel. In regards to professional performance experience, for those without experience from a professional company, please include competitions or youth company performances if applicable. Please do not include foundation school performances in performance history.

Please ensure this form is submitted to reception during the relevant audition registration period. Melbourne Institute of Classical Arts (MICA) should additionally submit their academic records for the past 12 months on the audition date.

Should you require clarification regarding any aspect of this document, please ensure you contact our office at admin@melbournecityballet.com.au or by contacting 03 9943 6496.

HEADSHOT (TO BE TAKEN DURING REGISTRATION TIME BY MELBOURNE CITY BALLET)	Personal Details	
	Name:	
	D.O.B:	
	Age (current):	
	Height:	
	Address:	
	Phone:	
Email:		
Emergency Contact Name:		Emergency Contact Phone:
Guardian Contact Email:		
Current Dance Institution:		
Dance Institution Contact name:		
Dance Institution Contact number:		
Do you give permission for Melbourne City Ballet to contact your educator if successful into this program?	YES/ NO (if no please provide explanation below)	

Please mark which of the following you are seeking consideration for today:			
Melbourne City Youth Ballet	Yes / No	Melbourne City Ballet Full Time Program	Yes / No
Junior Extension Program	Yes / No	Melbourne City Ballet Finishing Year Program	Yes / No
Melbourne City Ballet Company Emerging Artist Program	Yes / No	Melbourne Institute of Classical Arts (MICA)	Yes / No If Yes, Current Academic School Grade (2017): __
Junior Elite Artist Program (JEAP)	Yes / No	Melbourne City Ballet Company Artist	Yes / No
Notes:			
Important - Medical Information			
Do you have any medical conditions that require assistance or monitoring? If so, please advise the condition and any requirements.			
Do you have a history of any injuries which have previously required comprehensive physiotherapy, chiropractic, osteopathy or medical attention? If so, please advise the details of your injury, the approximate time of injury and recovery taken.			
Do you currently receive treatment or have an active plan to prevent injuries from occurring? If so, please provide details			
Classical Ballet Training Experience (Tuition)			
Dates	Syllabus/Level/Achievement (include any certificates, diplomas)	Organisation/Institution/Dance School	

Professional Experience (Finishing Year & Company Level Only)		
Dates	Role	Organisation/Institution
Previous Performance Experience (See Prior Notes Above)		
Dates	Role	Organisation/Institution

Are you currently en-pointe? **YES / NO** If so, for how long have you been en pointe? _____

For Melbourne City Youth Ballet - do you understand pre-pointe females will be required to wear demi pointe shoes (we recommend using Bloch or Freed) for performances. **YES / NO** (Some roles may also require pointe level artists to wear demi pointes. Applicants should be aware of this as this is at the choreographer's discretion only and unable to be negotiated).

Are you an Australian citizen or resident? **YES / NO** . If not, do you have the ability to obtain a visa on your own behalf? **YES / NO**

Have you completed any full time or pre-professional training? **YES / NO**

Do you understand that all courses offered by Melbourne City Ballet (including Melbourne City Youth Ballet & Melbourne Institute of Classical Arts) have a minimum attendance rate of 90% and agree to adhere as required? All participants are required to be adhere to this without exception with the provision provided for illness, foundation school and syllabus requirements. **YES / NO**

Are you financial capable of affording the costs associated with the applied training course and supporting yourself financially? **YES / NO** . Melbourne City Ballet is unable to offer any work to participants within our training programs (does not apply to those solely applying for company artist positions).

Are you currently seeking any scholarships to assist with costs relating to your applied course? **YES / NO**
(Please Note this applies to Finishing Year Only)

Do you understand that Melbourne City Ballet has a zero drug and alcohol policy on the premises at all times? **YES / NO**

Do you understand that Melbourne City Ballet has a zero bullying tolerance policy on the premises at all times? **YES / NO**

Do you understand that all accounts with Melbourne City Ballet must be paid **prior** to the commencement of each training term? **YES / NO**

Have you previously trained with Melbourne City Ballet previously? **YES / NO** If so, did you depart from Melbourne City Ballet's training courses? **YES / NO** If so, please provide information regarding your departure:

Do you currently have any contractual obligations, such as scholarships or sponsorships, that Melbourne City Ballet should be aware of that may affect any aspect of your audition or training with Melbourne City Ballet? **YES / NO** If so, please advise details below:

Is there any other information that Melbourne City Ballet should be aware of prior to making an offer regarding your audition (including any auditions for experience)? **YES / NO**

All those auditioning must respect the rules and requirements of this process. A professional and respectful manner will be required at all times. At no point will Melbourne City Ballet's staff accept inappropriate behaviour regarding castings or placement offers from applicants or representatives.

By signing this document you agree to conduct yourself in such a manner. You also swear by signing this document that the above information is completed in truth to the best of your knowledge.

Auditioning Participant & Date

Witness/Guardian & Date