



# Application for Audition – International Students

## CUA60111 – Advanced Diploma of Dance (Elite Performance)

Registered and Accredited Course

Endorsed Provider – Commonwealth Register of Institutions and Courses for Overseas Students

CRICOS No. 02020B Course Code: 078202A

オーディション希望・ワークショップ希望 (○を付けて下さい) ※ワークショップ希望者は1枚目のみの記入で結構です。

Family Name: ..... Given Name(s): .....  
 (姓) (名)

Date of Birth: Year: ..... Month: ..... Day: .....  
 (生年月日) (年) (月) (日)

Male/Female: ..... Single/Married/Divorced/Widowed: .....  
 (性別) (婚姻状況)

Citizenship: ..... Passport No.: ..... Expiry Date: ...../...../.....  
 (国籍) (パスポート番号) (パスポートの有効期限)  
\*オーディション希望者のみ

Address of Usual Residence: .....  
 (住所)

Postcode: .....  
 (郵便番号)

Telephone(s): ..... Facsimile: .....  
 (電話番号) (Fax)

Father's Name.....  
 (父親の名前) ※オーディション希望者のみ

Mother's Name.....  
 (母親の名前) ※オーディション希望者のみ

Home and Postal Address: .....  
 (郵送先;上記住所と違う場合のみご記入下さい)

Postcode:.....  
 (郵便番号)

Telephone and Email:.....  
 (電話番号とEメールアドレス)

### Dance Education Background (ダンス歴)

Recent Method: ..... Level Attained: .....  
 (メソッド名) (獲得レベル)

School: ..... Teacher: .....  
 (スクール名) (教師名)

### Recent Academic Background (学歴)

Please provide information and supporting evidence of the highest level of education completed in any country. (最終学歴についての情報をご記入下さい)

Name of Institution: ..... Country: .....  
 (学校名) (国)

Qualification / Level & Year Obtained: .....  
 (資格/獲得レベル)

Are you presently studying? ..... What Level .....  
 (あなたは現在在学中ですか?) (在学中のレベル)



**Medical Background** 病歴

Recurring Injuries: .....  
 (慢性的な怪我)  
 .....

Previous Illnesses: .....  
 (過去の病気)  
 .....

Cardiac Function: .....  
 (心臓疾患の有無)

History of Rheumatic Fever: .....  
 (リウマチ熱歴の有無)

Respiratory Function: .....  
 (呼吸器疾患の有無)

Spinal posture or irregularities: .....  
 (背骨の異常の有無)

Blood Pressure: .....  
 (血圧;正常・高血圧・低血圧etc)

Eyesight: .....  
 (視力)

Hearing: .....  
 (聴力の異常の有無)

Nose/Throat Problems: .....  
 (耳鼻咽喉の異常の有無)

Menstrual Disorders: .....  
 (月経異常の有無)

Allergies: .....  
 (アレルギー)

Epilepsy: .....  
 (てんかんの有無)

Diabetes: .....  
 (糖尿病の有無)

Other physical or psychological conditions/problems: .....  
 (その他健康上または精神上的の病気/異常があればご記入下さい)  
 .....

**Declaration by Medical Practitioner**

I have known the applicant for ..... years. I declare that the above information is true and correct to the best of my knowledge.

Name of Doctor: ..... Telephone: .....

..... Date ...../...../.....  
Signature of Doctor





## Conditions of Audition (オーディションについて)

1. Entry to the 2 year Full-Time CUA60111 Advanced Diploma of Dance (Elite Performance) is by the way of a practical ballet class, in either a private or general audition. (2年間のフルタイムコースであるCUA60111アドバンスド・ディプロマ・オブ・ダンス[エリートパフォーマンス]への入学はプライベート又は一般オーディションでの実際のバレエクラスによって許可されます。)

Note: Audition by DVD or VHS is an alternative that only the Managing Director – Dance can agree to accept. (DVDまたはVHSによるオーディションはマネージングディレクターが許可した場合のみ可能です。)

2. This application for audition form must be completed and accompanied by a full-length photograph in leotard, and pink tights for girls or white T-shirt and light coloured tights for boys, ~~medical certificate and include:~~

~~a. A non-refundable application for audition fee of AUD100. must be deposited into the ACB's bank prior to the audition being granted:~~

~~**Account Name:** The Australian Conservatoire of Ballet  
**Bank:** Commonwealth Bank of Australia  
**Account Number:** 063 233 1012218†  
**Branch:** Rosanna, Victoria Australia 3084  
**Swift Code:** CTBA AU2S~~

(この申込書に女性はピンクタイツにレオタード、男性は白Tシャツに薄い色のタイツを着用した全身写真を添付して下さい。\*顔写真も添付をお願い致します。)

3. Following the audition, the Australian Conservatoire of Ballet or its Designated Agent will write to the student regarding the results of their application and their audition. (オーディション終了後、オーストラリアン・コンセルヴァトワール・オブ・バレエ又は指定のエージェントよりオーディション結果を連絡致します。)
4. If the student is not successful in the audition, the application for audition fee will not be refunded. (オーディションに不合格であった場合もオーディション受験料は払い戻し致しかねますのでご了承下さい。)
5. If the student has been successful and accepts the offer of entry to the course, she/he will need to complete an 'Enrolment Form'; which the ACB will send to the student along with a 'Letter of Offer'. (オーディションに合格しコースへの入学を希望する際にはACBが「オファーの手紙」と共に送る「入学申込書」にご記入いただきます。)
6. Parents and friends will not be allowed to view the audition; unless permission has been given by the Managing Director - Dance. (保護者または友人等のオーディションの見学はマネージングディレクターの許可がない限り禁止とさせていただきます。)
7. The ACB will take no responsibility for any loss or damage to personal property throughout the audition process. (ACBはオーディション過程でのいかなる私物の損失・損害にも責任を負いかねます。)

## Instructions for submitting this Application for Audition Form

- ~~Please complete all sections of this form, using BLOCK LETTERS.~~
- ~~The non-refundable audition fee is to be transferred electronically to the ACB's bank.~~
- ~~Please send this 'Application for Audition Form' (and video audition tape in DVD or VHS, if auditioning by video), to the ACB or the 'ACB's Designated Agent':~~

The Australian Conservatoire of Ballet  
4/2 Bromham Place  
Richmond, Victoria 3121  
Australia  
Attn: Managing Director - Operations

Telephone: +61 (3) 9421 2000  
Email: [cwdcacb@ozemail.com.au](mailto:cwdcacb@ozemail.com.au)  
Web: [www.acbaustralia.com.au](http://www.acbaustralia.com.au)

### **Note to All Auditioning Students:**

(オーディション受験者の皆様)

All information supplied in this form can be kept for your records; however the ACB will keep a copy of this Application for Audition Form as part of your student records on file.

(この申込書上の全ての情報は貴方の記録として保管いただけますと共にACBはこのオーディション申込書のコピーを記録として保管させていただきます。)