

# Whitireia New Zealand

## Musical Theatre

### AUDITION FORM 2012

***Audition Dates: Monday 12 December***

***Phone 04 238 6225 to book an audition***

- 10.00** Welcome and physical Warm-up
- 10.30** Jazz Class
- 11.00** Acting Class
- 11.30** Singing Class
- 12.00** Lunch
- 12.30** Individual Auditions

**For the Individual Auditions please prepare:**

- 2 songs, one ballad and one up-tempo
- 1 Monologue - up to 2 minutes
- If you have dance training, prepare a 2 minute solo in any style

**Expectations:**

This is a physical course so a good level of fitness is essential. You should also have a confident level of singing, movement and coordination; an ability to take direction; some experience in acting; dance training is preferred but not essential

**What to Bring:**

- Tight-fitting clothing suitable for jazz classes
- Suitable shoes for these classes
- Comfortable clothing for acting and singing workshops
- Sheet music presented in a folder or backing track for solo songs
- Copy of the monologue

**Whitireia  
Performance  
Centre**

[www.whitireia.ac.nz](http://www.whitireia.ac.nz)

25 Vivian Street  
PO Box 9656, Marion Square, Wellington  
Tel (04) 238 6225  
Email [infowpc@whitireia.ac.nz](mailto:infowpc@whitireia.ac.nz)



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## Musical Theatre

### AUDITION FORM

### 2012

### 12 December 2011

*Affix passport photo here*

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

FULL NAME:

ADDRESS:

D.O.B:

PHONE:

EMAIL:

**Diploma in Performing Arts (Singing)** 2 years, full time. Level 5-6. Fee: \$6467.00 per year

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


**Highest School Qualification:**

⊖ **RELEVANT TRAINING and/or EXPERIENCE** *(Attach additional information if needed)*


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# MEDICAL FORM

## ⊖ RECORD OF BROKEN BONES, JOINTS OR SPINE DISORDERS AND DETAILS OF TREATMENT.

You are required to 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

### ⊖ 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	

### ⊖ HAVE YOU HAD ANY ADVERSE REACTIONS TO DRUGS? IF SO WHICH?

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**⊖ RECORD OF EAR OR EYE TROUBLE**

	DATE
	DATE

**⊖ RECORDS OF OPERATIONS**

	DATE
	DATE
	DATE

**⊖ 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

**⊖ 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**

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

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**NAME OF DOCTOR:**

**ADDRESS OF PRACTICE:**

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<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 send completed form to:**  
**Musical Theatre Auditions**  
**Whitireia Performance Centre**  
**PO Box 9656, Marion Square,**  
**Wellington 6141**