



Pre-Professional Program **Audition Application Form**

PERSONAL DETAILS

Name (Family) _____ Given Name _____

Nationality _____ Gender: [] Male [] Female

Date of Birth ____/____/____

Address _____

Telephone _____ Mobile _____

Email _____

Any health problems we need to know about _____

Person to Contact in an Emergency Name _____ Relationship _____

Telephone _____ Mobile _____

EDUCATION

Highest educational level you achieved _____

Dance Exams completed, dates and results _____

Tell us the reason you want to audition [] Career [] Further Dance Experience [] Personal

Performing Experience _____

What are your goals? _____

Present occupation (Where applicable) _____

Signature of Applicant _____

Date: ____/____/____

Enclosed \$60.00 Audition Application Fee

(Cheques/money orders payable to Victorian State Ballet –

EFT to Victorian State Ballet- BSB: 083 232 Account: 201689537 – please include surname & Pre-PY as reference)

Please send audition form to:

Victorian State Ballet

C/- Manager Director Michelle Sierra

32 Lorraine Parade, Viewbank VIC 3084

VSF Pre-Professional Program

www.victorianstateballet.org.au

Email: admin@victorianstateballet.org.au