



Company Audition Application Form

PERSONAL DETAILS

Name (Family) _____ Given Name _____

Nationality _____ Gender: [] Male [] Female Other []

Date of Birth ____/____/____

Address _____

Telephone _____ Mobile _____

Email _____

Any health problems we need to know

Person to Contact in an Emergency Name _____ Relationship _____

Telephone _____ Mobile _____

MAIN EXPERIENCE (Past 3 years only)

Highlights/Awards/Competitions/Roles

What are your goals? _____

Present occupation (Where applicable) _____

Signature of Applicant _____ Date: ____/____/____

Payment of \$80.00 Audition Application Fee must be submitted prior to auditioning online or in person

EFT to Victorian State Ballet- BSB: 083 232 Account: 201689537 please include surname & VSB Company as reference

Please email audition form to: admin@victorianstateballet.org.au

Victorian State Ballet Incorporated
www.victorianstateballet.org.au | admin@victorianstateballet.org.au