



Pre-Professional Program **Audition Application Form**

PERSONAL DETAILS

Name (Family) _____ Nationality _____ Given Name _____

Date of Birth ___/___/___ Gender: [] Male [] Female [] other

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: ___/___/___

Payment of \$88.00 Audition Application Fee must be submitted prior auditioning online or in person
EFT to Victorian State Ballet- BSB: 083 232 Account: 201689537 – please include surname & Pre-PY as reference)

Please email completed audition form and receipt of audition fee payment to:

Managing Director

Victorian State Ballet Pre-Professional Program

Email: admin@victorianstateballet.org.au