

THE SINGLE STUDIES SCHEME

APPLICATION FORM FOR ENTRY AND AUDITION

ELDER CONSERVATORIUM OF MUSIC



Personal Details (Please note that incomplete forms will not be processed)

Full Name in BLOCK LETTERS (<i>please underline Family Name</i>) (Mr/Mrs/Ms/Miss/Dr):		Date of Birth: _ / _ / _	<input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address:		Permanent Address (<i>only if different to mailing address</i>):	
Telephone (Home):		Work:	
Mobile:		E-mail:	
What is your citizenship status? <input type="checkbox"/> Australian <input type="checkbox"/> New Zealand <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Visa*			
<i>*If you are on a Visa, what type is it? _____ What number is it? _____ What is the expiry date? _____</i>			

Academic Background

Do you attend a secondary school? Please specify School and Year level: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you enrolled in a program in the University? Please provide your EMPL ID/(Student ID): _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you completed any AMEB Examinations? Please specify the highest level achieved: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No <small>If you have answered 'yes' to this question, please attach copies of your certificates</small>
Please provide details about your specialisation: <input type="checkbox"/> Instrument _____ or <input type="checkbox"/> Voice or <input type="checkbox"/> Composition		For instruments or Voice, are you focussing on: <input type="checkbox"/> Jazz or <input type="checkbox"/> Classical
Do you wish to apply for a scholarship? <small>Please note that scholarships are subject to availability and are allocated by the Director after considering audition results</small>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you intend to enrol for a course/program at the Elder Conservatorium of Music?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Teacher

Do you have any preference for a particular teacher? If yes, please specify by name: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you prefer a 60 minute, or 30 minute lessons, understanding that the cost is greater for the longer lessons?		<input type="checkbox"/> 60 minute <input type="checkbox"/> 30 minute

Signature* _____ Date _____

**Parent/Guardian should sign for applicant under the age of 18.*

Return form to: Access Centre Administrator
Elder Conservatorium of Music, University of Adelaide, ADELAIDE SA 5005