



27 Apollo Drive, Mairangi Bay, PO BOX 33 1264, Takapuna
 Ph: 09 475 6186
 www.apollotheatreschool.co

APPLICATION FORM – Teacher Training Programme

2009

PERSONAL DETAILS *(please print)*

Surname:	<input type="text"/>	First Name(s):	<input type="text"/>
Preferred name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Nationality:	<input type="text"/>	Ethnicity:	<input type="text"/>
Eligibility to study in NZ:	NZ Citizen <input type="checkbox"/>	Australian Citizen <input type="checkbox"/>	NZ Resident <input type="checkbox"/>
	Other (please describe):	<input type="text"/>	

CONTACT DETAILS

Phone number:	<input type="text"/>	Mobile:	<input type="text"/>
Email:	<input type="text"/>		
Address:	<input type="text"/>		

EMERGENCY CONTACT

Name:	<input type="text"/>	Relationship:	<input type="text"/>
Contact ph:	<input type="text"/>	Mobile:	<input type="text"/>

MEDICAL

Known medical condition or physical impairments:	<input type="text"/>		
History of bone, ligament or muscle injuries:	<input type="text"/>		
Doctor Name:	<input type="text"/>	Practice Name:	<input type="text"/>
Dance Discipline/Genre(s) you are interested in teaching /studying.	<input type="text"/>		

DANCE HISTORY - Please complete the below table to indicate your dance history. Please list only the highest or most recent results for each discipline.

Year	Organisation	Discipline	Level	Mark

OTHER DANCE EXPERIENCE OR ACHIEVEMENTS *(please list other dance experience or qualifications).*

RELEVANT WORK OR STUDY EXPERIENCE

ACADEMIC HISTORY

What is your highest level of academic achievement?
(Please include detail or institution, programme etc: e.g.
Diploma in Dance at)

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Please describe why you would like to do this course including what you would like to do upon completion of the course.

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I confirm that the information I have provided on this Application Form and in the supporting documentation is true and correct.

_____ Name

_____ Signed

_____ Date

APPLICATION REQUIREMENTS

Applicants will be assessed on a case by case basis but they must be at least 16 years old (by course commencement) and allowed to live and study in NZ. Entry to the school is by application and audition only.

SUPPORTING DOCUMENTS

Please ensure the following items are included in the application and note that an applicant cannot audition until a complete application form is submitted.

1. \$100 (GST incl) non-refundable application fee to cover audition, application and administration costs.
2. Completed Application Form
3. Copy of identification to prove either that the applicant is a NZ citizen or is able to study in NZ
4. 1 x passport photos (colour)
5. Copy of any qualifications relating to the application.

TO APPLY

Please attach a \$100 cheque for the Application Fee to the application form. Please make the non transferable cheque payable to *The Apollo Theatre School Ltd*. Please send the completed application form with all the items on the above list to:

The Apollo Theatre School
PO Box 33-1264, Takapuna, Auckland

Upon receipt of a complete application, applicants will be sent a letter with full details of the audition and a receipt of payment. **Applications must be received by Friday 12th September 2008.**

APPLICATION FORM GUIDELINES

Please use the below information to guide you in completion of your application form:

Nationality:	Your country of citizenship (where were you born?)
Ethnicity:	The ethnic group you associate with e.g. NZ European, Maori, P.Island
Emergency Contact:	In the case of an emergency, who the school should contact
Known medical conditions:	e.g. asthma
History of injury:	e.g. tore ligament in 2001
Impairments:	e.g. hearing impaired
Doctor:	Who is your GP or family doctor
Practice:	What is the name of the medical centre or practice
Dance History:	Certificates or qualifications you have achieved. Organisation refers to the institution that issued the certificate (e.g. AJDA or RAD). If no formal certificates please describe your dance background or experience.
Relevant Experience:	List any dance, work, study or life experience you wish the school to consider in your application.
Academic achievements:	Your highest level of achievement with regard to your academic education
Why you wish to enrol:	Please describe (in your own words) why you want to do this course and what you would like to do upon graduation.
