



Gifted and Talented Secondary Selective Entrance

Visual arts program Student questionnaire

ESSENTIAL

Attach a photo or
printed image of
your child here

It must clearly show
their face

Student details

First name				
Surname				
Preferred name				
Current school year (please circle)	6	8	9	10
Approved adjusted test conditions (tick if applicable)	<input type="checkbox"/>	If you have ticked the box, please bring a printed copy of the approval email to the workshop.		

Student answer section

This section must be completed by the applying student in their own handwriting. Students must write in the lined space provided only.

1. In your own handwriting, write a statement that you believe accurately describes you.

2. Describe your favourite activities outside of school.

3. Describe which school activities interest you most and why.

4. Describe what you consider to be the area of visual arts in which you are most interested.

5. How would you feel being involved in after school or Saturday morning workshops every week of term?

Signature of applicant: _____

Date: _____

Signature of parent/carer: _____

Date: _____