

GIFTED AND TALENTED

APPLICATION FOR PRE-RECORDED MUSIC AUDITIONS

Please complete this form and return it with your child's recording by either Courier or Registered Mail to:

Arts Selection Officer – Gifted and Talented
Department of Education
151 Royal Street
EAST PERTH WA 6004

STUDENT DETAILS	
First name	
Surname	
Date of Birth	
Gender	
Current School	
Current School Year	
Parent/Carer 1 Name	
Parent/Carer 2 Name	
Home Address	
Contact Number	
Email Address	

MUSIC PREFERENCES			
Audition Instruments	1.		2.
Preferences (as per online application)	JOHN CURTIN COLLEGE OF THE ARTS	CHURCHLANDS SENIOR HIGH SCHOOL	

Please indicate your program preference order with 1 for your child's first Music preference and 2 for your child's second Music preference (only if applicable). If your child has only selected 1 preference, please mark next the relevant school. Only select schools that you have nominated on the application.

DECLARATION

I, _____ as the parent/caregiver of the above-named student, hereby affirm that the recording is a true record of the above-named student's performance and was completed on _____ (date). In signing this document, I give permission for the recording to be viewed by the Gifted and Talented Program Selection Panel.

Signature (parent/carer):

Date: