

Shaping the future

Tick this box if the applicant has been <u>approved</u> for Adjusted Visual Arts Testing Conditions. Attach your approval email to this form.

Please attach a recent photo of your child which clearly shows their face here

Gifted and Talented Visual Arts Program

Student Details Sheet – Entry in 2025

Please complete all sections of this form, affix a photo in the space above and bring to the workshop.

Please print your details in black or blue pen.

SECTION ONE: STUDENT DETAILS

Surname:					
Given name/s:					
Preferred name:					
Current school year (please circle):		6	8	9	10
SECTION TWO: INDIVIDUAL STATEMENTS (for the student to complete) 1. In your own handwriting and only in the space provided below, write a statement that you believe accurately describes you.					

2.	Describe your favourite activities outsi	ite activities outside of school.			
3.	Describe which school activities intere	st you most and why.			
4.	Describe what you consider to be the a interested.	rea of Visual Arts in which you are most			
5.	How would you feel being involved in a workshops every week of term?	after school or Saturday morning			
Signature of applicant:		Date:			
Sigr	nature of parent/carer:	Date:			