

Thank you for your enquiry regarding our Full time courses at the National Theatre Ballet School. We are pleased to advise that the full time courses are fully registered and accredited with the Victorian Qualifications Authority allowing students to apply for Austudy. Our courses offer all practical and theoretical training with a view to a career in dance.

Acceptance is by audition only and will be held in Melbourne, Sydney, Perth and Brisbane in October/November of each year. The audition is to ascertain the technical and emotional suitability of the student and will be conducted by myself, the School's Artistic Director.

Interstate and New Zealand applicants unable to attend the entrance audition will be required to submit a video of practical exercises, further details will be sent upon return of the Application Form.

All students auditioning should be of Intermediate Exam standard of the Royal Academy of Dance or the equivalent thereof and be a minimum of 15 years of age upon commencement of the course. All candidates will be required to present a medical certificate stating their physical suitability to the course.

Any student who has completed formal training in of the areas associated with core units and considers that they are able to meet the current learning outcomes of the units may seek recognition of prior learning (RPL). Students will be asked to present evidence of their relevant skills and knowledge in an interview with the Director.

Students must pass all core units, RPL credits for successful completion of the course/s and the awarding of a Certificate IV in Arts (Classical Dance), Diploma of Arts (Classical Dance), or Advanced Diploma of Arts (Classical Dance). Students who leave the course before completion will receive a Statement of Attainment, this gives credits for all units completed so far and all competencies achieved. This also allows them to continue the course at a later date, if they so wish.

Since my appointment as the School's Director, all courses have been fully revised and restructured incorporating the latest teaching techniques enabling all students to achieve their full potential. Our curriculum now includes Classical Ballet, Pointe, Pas de Deux,

Solo and Corp de Ballet Repertoire, Mime, Pilates, Limber/Stretch, Private Coaching, Character/Repertoire, Contemporary, Jazz, Music Theatre, Composition/Choreography, Video Analysis, Drama, Music and Certificate II in Dance and in 2006 the introduction of a **full gym membership at Re-Creation Health Club, Armadale.** (Our new sponsorship partner.)

Further preparation for performing is provided by conducting regular classes (all practical units) on our very own 800 seat theatre stage. No other school can offer this unique training advantage so vital for a professional career in dance. Alongside this we also teach Stagecraft, Make-up and Hair. Performances are held throughout the year not only in our theatre but out in the community gaining first hand knowledge of performing while you train. Theoretical subjects include Anatomy, diet and Nutrition, Injury Prevention, French Terminology (relating to dance), History of Dance, Business Management, Dance Psychology, VCE Dance and VET Dance is also available. Lectures are also given in 'Life as a Dancer, The True Story'. Coaching for national and international eisteddfods is available for suitable students at the discretion of the Director.

All classes in our Senior School (after school hours) including Royal Academy of Dance (R.A.D) syllabus classes are available to all Full Time students during term time **free of charge**. Preparing students for Vocational Graded Examinations and entrance into the Adeline Genee and other major competitions is a strong focus for all suitable students.

As our course is fully accredited with the Victorian Office of Employment, Training and Tertiary Education (ETTE), our Full Time students are eligible to apply for Youth Allowance, Austudy Payment, Abstudy and the Pensioner Education Supplement.

Our course is non-residential, however every effort is made to find suitable accommodation for all students. All enquiries may be directed to the Ballet School Administrator.

Please find enclosed an application form and medical questionnaire, which should be completed and returned as soon as possible, curriculum and staff information, fee structure and other N.T.B.S information. All enquiries should be directed to the Ballet Administrator, James Richmond.

Yours sincerely,

A handwritten signature in black ink, reading "Beverly Jane Fry". The signature is written in a cursive style with a large, looping initial 'B' and a long, sweeping underline.

Beverly Jane Fry, ARAD Ad Dip ABS PDTC.  
ARTISTIC DIRECTOR.

# NATIONAL THEATRE BALLET SCHOOL

Certificate IV in Arts (Classical Dance)  
Diploma of Arts (Classical Dance)  
Advanced Diploma of Arts (Classical Dance)

## APPLICATION FORM

### PERSONAL DETAILS

Surname \_\_\_\_\_  
Given Names \_\_\_\_\_  
Address \_\_\_\_\_  
Suburb \_\_\_\_\_ State \_\_\_\_\_  
Postcode \_\_\_\_\_  
Bus Ph \_\_\_\_\_ AH Ph \_\_\_\_\_  
Mob \_\_\_\_\_  
Email \_\_\_\_\_  
Postal Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_  
Postcode \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Sex \_\_\_\_\_  
Place of Birth \_\_\_\_\_  
Nationality \_\_\_\_\_  
Height \_\_\_\_\_  
Weight \_\_\_\_\_

### PARENT INFORMATION

Mother \_\_\_\_\_  
Business Ph \_\_\_\_\_  
Father \_\_\_\_\_  
Business Ph \_\_\_\_\_  
or Guardian \_\_\_\_\_  
Business Ph \_\_\_\_\_  
Parent/Guardian Address (if different from above)

Suburb \_\_\_\_\_ State \_\_\_\_\_  
Postcode \_\_\_\_\_

## **DETAILS OF DANCE TRAINING**

Present Ballet School

\_\_\_\_\_  
Address

\_\_\_\_\_  
Suburb \_\_\_\_\_ State \_\_\_\_\_

Postcode \_\_\_\_\_

Business Ph \_\_\_\_\_

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Classes Taken

\_\_\_\_\_  
Syllabus Studied \_\_\_\_\_

Level Being Studied \_\_\_\_\_

Last Examination Taken \_\_\_\_\_ Level \_\_\_\_\_

Date \_\_\_\_\_

Will You Be Continuing Syllabus Examinations?

## **ACADEMIC EDUCATION**

Are you currently studying?

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Suburb \_\_\_\_\_ State \_\_\_\_\_

Postcode \_\_\_\_\_

Level/Course Being Studied \_\_\_\_\_

\_\_\_\_\_  
Do You Intend to Continue your Academic Study?

## **OTHER INTERESTS**

Do You Have Any Other Qualifications?

\_\_\_\_\_  
List Music Training Including Instruments Played (if any)

List Vocal/Singing Training (if any)

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List Drama Training (if any)

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Other Interests

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### **ACCOMMODATION**

Do You Require Assistance in Finding Suitable Accommodation?

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Address You Will Be Staying at in Melbourne (if different from above)

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Suburb \_\_\_\_\_ State \_\_\_\_\_

Postcode \_\_\_\_\_

Business Ph \_\_\_\_\_ Home Ph \_\_\_\_\_

Other \_\_\_\_\_

### **GENERAL**

Are You Registered with Medicare?

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Do You Have Private Health Cover?

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Are You an Ambulance Subscriber?

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Do You Have a Current Driving Licence? \_\_\_\_\_ State: \_\_\_\_\_

Country: \_\_\_\_\_

Will You Be Driving to School? \_\_\_\_\_

Will You Be Attending Auditions in Person?

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Interstate / New Zealand Applicants – Audition Sheet Required

Yes No

### **PLEASE ENCLOSE WITH YOUR APPLICATION**

1. Two 5x7 photographs in practice clothes  
(please write your name on the back of the photos)  
    Degage A La Seconde  
    First arabesque en l'air
2. Medical Information form and Medical Practitioners certificate.
3. \$40.00 non-refundable application fee. (Australian Dollars only)

With the return of this application, it is herewith presumed that you will be attending the audition or require an audition sheet as set out in the N.T.B.S. Audition Information Sheet.

SIGNED \_\_\_\_\_ Applicant

SIGNED \_\_\_\_\_ Parent/Guardian

DATE \_\_\_\_\_

**The National Theatre observes the provisions of the Commonwealth Privacy Act 1988 (amended 2001).**

**For further information visit [www.privacy.gov.au](http://www.privacy.gov.au).**

## **NATIONAL THEATRE BALLET SCHOOL**

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### **MEDICAL INFORMATION FORM**

Name \_\_\_\_\_

Sex \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Height \_\_\_\_\_

#### **Please Answer the Following**

- |   |     |    |
|---|-----|----|
| 1. Are you in good health?                                | YES | NO |
| 2. Do you regularly smoke?                                | YES | NO |
| 3. Do you have impaired vision or hearing?                | YES | NO |
| 4. Are you taking continuous medication?                  | YES | NO |
| 5. Have you any physical disability?                      | YES | NO |
| 6. Have you been hospitalised recently?                   | YES | NO |
| 7. Do you suffer from any of the following?               |     |    |
| Asthma  | YES | NO |
| High Blood Pressure, Rheumatic Fever, or Heart Disease    | YES | NO |
| Epilepsy, Fainting Attacks, Migraines or Fits of Any Kind | YES | NO |
| Mental or Nervous Disorder                                | YES | NO |
| Anaemia or Blood Disorder                                 | YES | NO |
| Diabetes or Tumour of Any Kind                            | YES | NO |
| Kidney or Liver Disease (including Hepatitis)             | YES | NO |
| Tuberculosis or Lung Disease                              | YES | NO |

Current Infectious or Transmittable Disease	YES	NO
Arthritis	YES	NO
Allegy to Any Medication	YES	NO
Any Other Allergies	YES	NO
Any Other Illness or Previous Operations	YES	NO
Any Relevant Family History of Disease	YES	NO

*If you have answered yes to any of the above, please give details.*

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**Have You Suffered From Any of the Following Injuries?**

Back Strain, Slipped Disc or Disease or Injury Involving Any Part of the Spine	YES	NO
Fracture, Dislocation, Disease or Injury Involving the Joints or Bones	YES	NO
Specific Neck Injury	YES	NO
Specific Knee or Ankle Injuries	YES	NO
Regular Muscular Pains	YES	NO

*If you have answered yes to any of the above, please give details.*

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Are there any other conditions which may be reason to modify your exercise program.

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All students must submit this questionnaire WITH a medical certificate from their doctor stating that the student is physically fit to pursue a dance training course.

# MEDICAL CERTIFICATION

Medical Practitioner

\_\_\_\_\_  
Address of Medical Practitioner

\_\_\_\_\_  
Suburb \_\_\_\_\_ State \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_

Date of Medical Certificate

\_\_\_\_\_  
Signature of Medical Practitioner

## DECLARATION

I, \_\_\_\_\_, hereby declare that the above information is true and accurate and that I have been certified by a medical practitioner as fit and capable of participation in a full-time dance course.

SIGNED \_\_\_\_\_ Applicant

SIGNED \_\_\_\_\_ Parent/Guardian

DATE \_\_\_\_\_

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