

OPEN SCHOOL OF MUSIC APPLICATION FORM

Please note: Applications not completed in full may not be processed.

PERSONAL DETAILS

<i>(please tick one)</i> <input type="checkbox"/> male <input type="checkbox"/> female		Family Name	Given Names
Address			
City		State	Postcode
Date of Birth / /	Phone number (BH)		Phone number (AH)
Contact Parent/Guardian's name <i>(if applicant is under 18)</i>		Email Address	
Instrument/Voice Proposed		Teacher Preference (if any)	

COURSE APPLYING FOR (please tick)

- | | | |
|--|--|---|
| <input type="checkbox"/> Early Childhood Program | <input type="checkbox"/> MuST | <input type="checkbox"/> College - Type 1 - Classical |
| <input type="checkbox"/> Advanced Certificate | <input type="checkbox"/> College - Type 1 - Jazz | <input type="checkbox"/> Preparatory Jazz Studies |
| <input type="checkbox"/> Single Studies (Individual Tuition) * | | |

* For particular instruments, group tuition is offered with Single Studies (eg. Piano, guitar and violin)

Will you be in Year 11 or Year 12 in 2009? _____
 BSSS# _____

- I would like to be considered for an Open School of Music Scholarship.

SCHOOL/COLLEGE PRINCIPAL APPROVAL (MuST and College - Type 1 applications only)

The above named student has the approval of this School/College to apply for the MuST program / Type 1 program, in accordance with the ACT Department of Education and Training's curriculum .

School/College stamp and signature of Principal

Date / /

PLEASE COMPLETE MUSIC DETAILS OVERLEAF

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Student Services and School of Music use only

Date received and acknowledged / /

Audition report Admitted Not admitted Waiting list

Audition panel signatures:

Instrument	Teacher	Length of Lesson	Starting Date / /
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Approved by Head of School:

Date: / /

MUSIC DETAILS

Have you previously studied at the School of Music?

Yes No

PREVIOUS TEACHERS

List the names of all the teachers and institutions with whom you have studied the instrument/voice to which this application is related.

Name of Teacher	Institution (if applicable)	Period of Tuition
_____	_____	from _____ to _____
_____	_____	from _____ to _____
_____	_____	from _____ to _____

MUSIC THEORY

If you have studied Music Theory please attach copies of certificates or other supporting documents.

EXAMINATIONS & ADDITIONAL INFORMATION

List examinations passed, if any (please attach copies of certificates or other supporting documents)

DECLARATION

I certify that the information I have supplied on this form is, to the best of my understanding and belief, complete and correct. I understand that the giving of false or incomplete information may lead to refusal of my application.

Signature of Applicant:

Date / /

(If applicant is under age of 18 Parent/Guardian to sign)

Please return this completed form to:

Open School of Music Administrator
School of Music, Building 100
The Australian National University
Canberra ACT 0200

APPLICATION CLOSING DATES

Program	Semester 1 intake	Semester 2 intake
Early Childhood	Final Friday in September	Final Friday in April
Single Studies	Final Friday in September	Final Friday in April
Type 1, Advanced Certificate and Preparatory Jazz Course	Final Friday in September	No Intake
MuST	Final Friday in October	No Intake