



Application for Audition – International Students

オーストラリアン・コンセルヴァトワール・オブ・バレエ オーディション/ワークショップ申込用紙

CUA60111 – Advanced Diploma of Dance (Elite Performance)

Registered and Accredited Course

Endorsed Provider – Commonwealth Register of Institutions and Courses for Overseas Students

CRICOS No. 02020B Course Code: 078202A

オーディション希望 ・ ワークショップ希望 (○を付けて下さい) ※ワークショップ希望者は1枚目のみの記入で結構です。

Family Name: Given Name(s):
(姓) (名)

Date of Birth: Year: Month: Day:
(生年月日) (年) (月) (日)

Male/Female: Single/Married/Divorced/Widowed:
(性別) (婚姻状況)

Citizenship: Passport No.: Expiry Date:/...../.....
(国籍) (パスポート番号) (パスポートの有効期限)
※オーディション希望者のみ ※オーディション希望者のみ

Address of Usual Residence:
(住所)

Postcode:
(郵便番号)

Telephone(s): Facsimile:
(電話番号) (Fax)

Postal Address:
(郵送先; 上記住所と違う場合のみご記入下さい)

Postcode:
(郵便番号)

Email:
(Eメールアドレス)

Dance Education Background (ダンス歴)

Recent Method: Level Attained:
(メソッド) (獲得レベル)

School: Teacher:
(スクール名) (教師名)

Recent Academic Background (学歴)

Please provide information and supporting evidence of the highest level of education completed in any country. (最終学歴についての情報をご記入下さい)

Name of Institution: Country:
(学校名) (国)

Qualification / Level & Year Obtained:
(資格/獲得レベル)

Are you presently studying? What Level
(あなたは現在在学中ですか?) (在学中のレベル)



Medical Background (病歴)

Recurring Injuries:
(慢性的な怪我)
.....

Previous Illnesses:
(過去の病気)
.....

Cardiac Function:
(心臓疾患の有無)

History of Rheumatic Fever:
(リウマチ熱歴の有無)

Respiratory Function:
(呼吸器疾患の有無)

Spinal posture or irregularities:
(背骨の異常の有無)

Blood Pressure:
(血圧: 正常・高血圧・低血圧etc)

Eyesight:
(視力)

Hearing:
(聴力の異常の有無)

Nose/Throat Problems:
(耳鼻咽喉の異常の有無)

Menstrual Disorders:
(月経異常の有無)

Allergies:
(アレルギー)

Epilepsy:
(てんかんの有無)

Diabetes:
(糖尿病の有無)

Other physical or psychological conditions/problems:
(その他健康上または精神上の病気/異常があればご記入下さい)
.....

Declaration by Medical Practitioner (かかりつけの医師による告知)

I have known the applicant for years. I declare that the above information is true and correct to the best of my knowledge.

(私は申込者を一年間診ており、私の知っている限りでは上記の情報が真実で正しいことを言明します。)

Name of Doctor: Telephone:
(医師名) (電話番号)

..... Date:/...../.....
Signature of Doctor (日付)
(医師のサイン)



Proficiency in English (英語能力)

Students must meet the basic requirements for English language ability as determined by the Australian Conservatoire of Ballet, (ACB).

(入学希望者はオーストラリアン・コンセルヴァトワール・オブ・バレエ[以下ACB]の定める英語能力の基本的な必要条件を満たしている必要があります。)

ACB English Proficiency Assessment:

(ACB英語能力評価:)

The audition process in foreign countries consists of a practical component during which an interpreter is present. This practical component has two forms which are:

- i. A ballet class where the student's dancing competency is assessed; and
- ii. An interview where the student is asked questions concerning their goals and why they would like to study with the ACB.

(国外でのオーディションは通訳を伴い二つの実技試験で構成されます。)

一つはダンス技能が評価されるバレエクラスと、もう一つは将来の目標やACBで学びたい理由を問われる面接です。)

During the practical component, the student is given certain information and corrections; then depending on the student's application of the information or corrections, the student's level of comprehension is ascertained. (実技試験のなかで与えられた注意や直しへの反応から受験者の理解力が確かめられます。)

During the interview, the student's conversational skills are assessed and if found to be inadequate, a recommendation is given that where the student is successful in being granted a place in the course; the student should attend an English course prior to commencing the course.

Note: all costs of attending an English course prior to the student being accepted into the course are to be borne by the student.

(面談では受験者の会話能力が評価され不十分と見なされた場合でコース入学を許可された場合、コース開始前に英語コースに通うことが勧められます。注意: コース開始前の英語コースの費用は学生の負担となります。)

Please provide evidence of the following English language proficiency test scores, if applicable:
(もしあれば英語能力テストのスコアをご記入下さい)

IELTS Score..... Date/...../.....
(IELTSスコア) (日付)

TOEFL Score. Date/...../.....
(TOEFLスコア) (日付)

..... Date/...../.....
Signature (if over 18 years old) (申込者のサイン) (日付)

..... Date/...../.....
Signature of Parent/Legal Guardian (保護者のサイン- 18歳未満の場合-) (日付)
(Where student is under 18 years)

..... Date/...../.....
~~Signature of Witness (証人のサイン-) (日付)~~

By signing this agreement you agree to and understand the Terms and Conditions of the Australian Conservatoire of Ballet's Application for Audition process



Conditions of Audition (オーディションについて)

- Entry to the 2 year Full-Time CUA60111 Advanced Diploma of Dance (Elite Performance) is by the way of a practical ballet class, in either a private or general audition. (2年間のフルタイムコースであるCUA60111アドバンスド・ディプロマ・オブ・ダンス[エリートパフォーマンス]への入学はプライベート又は一般オーディションでの実際のバレエクラスによって許可されます。)
Note: Audition by DVD or VHS is an alternative that only the Managing Director - Dance can agree to accept. (DVDまたはVHSによるオーディションはマネージングディレクターが許可した場合のみ可能です。)
- This application for audition form must be completed and accompanied by a full-length photograph in leotard, and pink tights for girls or white T-shirt and light coloured tights for boys, ~~medical certificate and include:~~
(この申込書に女性はピンクタイツにレオタード、男性は白Tシャツに薄い色のタイツを着用した全身写真を添付して下さい。※顔写真も添付をお願い致します。)
a. A non refundable application for audition fee of AUD100, must be deposited into the ACB's bank prior to the audition being granted.

Account Name:	The Australian Conservatoire of Ballet
Bank:	Commonwealth Bank of Australia
Account Number:	063 233 10122181
Branch:	Rosanna, Victoria Australia 3084
Swift Code:	CTBAAU2S
- Following the audition, the Australian Conservatoire of Ballet or its Designated Agent will write to the student regarding the results of their application and their audition. (オーディション終了後、オーストラリアン・コンセルヴァトワール・オブ・バレエ又は指定のエージェントよりオーディション結果を連絡致します。)
- If the student is not successful in the audition, the application for audition fee will not be refunded. (オーディションに不合格であった場合もオーディション受験料は払い戻し致しかねますのでご了承下さい。)
- If the student has been successful and accepts the offer of entry to the course, she/he will need to complete an 'Enrolment Form'; which the ACB will send to the student along with a 'Letter of Offer'. (オーディションに合格しコースへの入学を希望する際にはACBが「オファアの手紙」と共に送る「入学申込書」にご記入いただきます。)
- Parents and friends will not be allowed to view the audition; unless permission has been given by the Managing Director - Dance. (保護者または友人等のオーディションの見学はマネージングディレクターの許可がない限り禁止とさせていただきます。)
- The ACB will take no responsibility for any loss or damage to personal property throughout the audition process. (ACBはオーディション過程でのいかなる私物の損失・損害にも責任を負いかねます。)

Instructions for submitting this Application for Audition Form

- ☐ Please complete all sections of this form, using BLOCK LETTERS.
- ☐ The non refundable audition fee is to be transferred electronically to the ACB's bank.
- ☐ Please send this 'Application for Audition Form' (and video audition tape in DVD or VHS, if auditioning by video), to the ACB or the 'ACB's Designated Agent':

The Australian Conservatoire of Ballet
4/2 Bromham Place
Richmond, Victoria 3121
Australia
Attn: Managing Director - Operations

Telephone: +61 (3) 9421 2000
Email: cwdcacb@ozemail.com.au
Web: www.acbaustralia.com.au

Note to All Auditioning Students:

(オーディション受験者の皆様:)

All information supplied in this form can be kept for your records; however the ACB will keep a copy of this Application for Audition Form as part of your student records on file.
(この申込書の全ての情報は貴方の記録として保管いただけますと共にACBはこのオーディション申込書のコピーを記録として保管させていただきます。)