APPLICATION FORM

PENRITH STRINGS 2017 PROGRAM

Please complete a separate application form for each student and return to:

The Joan, PO Box 2, Penrith NSW 2751 or [pyo@pso.org.au](mailto:pyo@pso.org.au)

**Parents and teachers will be notified of the outcome of your application in late December, 2016. Information, payment details and music will be sent at the time of acceptance. Places are allocated according to performance standard and ensemble experience. APPLICATIONS DUE FRIDAY 16 DECEMBER 2016.**

*Please note that the information below will be entered into both PSO and The Joan databases. Personal information will be handled in accordance with privacy legislation and will not be shared with other organisations without the individual’s consent.*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **STUDENT DETAILS** | | | | | | | | | | | | | | | | | | | | | | | |
| FIRST NAME | | |  | | | | | | | | SURNAME | | | | | | |  | | | | | |
| □ MALE □ FEMALE DATE OF BIRTH | | | | | | | | | | | | | | | | | | | | | | | |
| SCHOOL | | | | | | | | |  | | SCHOOL YEAR IN 2017 | | | | | | | | |  | | | |
| MEDICAL CONDITIONS | | | | | | | | |  | |  | | | | | | | | |  | | | |
| DIETARY REQUIREMENTS | | | | | | | | |  | |  | | | | | | | | |  | | | |
| EDUCATIONAL CHALLENGES | | | | | | | | |  | |  | | | | | | | | |  | | | |
| INSTRUMENT (PLEASE TICK) | | | | | | | | □ VIOLIN | | | | | □ VIOLA | | | | | | □ CELLO | | | □ DOUBLE BASS | |
| **LEVEL** (LAST EXAM TAKEN) | | | | | | | | | | | | | | | | | | | | | | | |
| AMEB Grade | |  | | | | or OTHER (please specify) | | | | | | | |  | | | | | | | | | |
| EXAM DATE (month & year) | | | | | | |  | | | RESULT | | | | | | |  | | | | | | |
| **PARENT / GUARDIAN DETAILS**  **MUSIC FOR SUCCESSFUL STUDENTS WILL BE SENT VIA EMAIL (OR POST IF NECESSARY) TO THE ADDRESS PROVIDED BELOW** | | | | | | | | | | | | | | | | | | | | | | | |
| MR/MRS/MS FIRST NAME | | | | | | | | | | | SURNAME | | | | | | | | | | | | |
| MOBILE | | | | | | | | |  | | EMAIL | | | |  | | | | | | | | |
| HOME PHONE/ ALTERNATIVE PHONE NUMBER | | | | | | | | |  | |  | | | |  | | | | | | | | |
| HOME ADDRESS | | | |  | | | | | | | | | | | | | | | | | | | |
| CITY | | | | | | | | | | | STATE | | | |  | | | | | | POSTCODE | |  |
| I WISH TO PAY THE $400 PARTICIPATION FEE (PLEASE TICK) □ IN ONE PAYMENT □ IN FOUR INSTALMENTS | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| PENRITH STRINGS 2017 PROGRAM  APPLICATION FORM  **Student name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **PARENTAL AND media PERMISSION**  I, the parent/guardian of the above-named student, give permission for him/her to participate in Penrith Strings activities in 2017 as outlined in this Information Pack. I will ensure that the above-named student attends all rehearsals and workshops unless granted permission by Penrith Strings staff. I understand that tutors and staff will not accept any responsibility for the supervision of the participant prior to or following completion of each workshop, rehearsal or performance.  I agree to indemnify Penrith Performing & Visual Arts Ltd for any personal loss, injury or damage that may result from participating in the workshops and related projects, except when Penrith Performing & Visual Arts Ltd is negligent or otherwise at fault.  In granting permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in Penrith Strings 2017, I, the parent/guardian of the above-named student, give permission for him/her to be photographed, filmed or interviewed during all Penrith Strings activities by ACO, PSO, The Joan and news media. I consent to the use or reproduction of photographs and footage of the student for a variety of fundraising or promotional purposes, including but not limited to: promotion of ACO, PSO, The Joan or their Education Programs in selected media; articles; fundraising proposals and presentations; ACO, PSO, The Joan marketing material; donations campaigns and information brochures. | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNED |  | | | | | | | | | | | DATE | | | |  | | | | | | | |
| NAME (PLEASE PRINT) | | | | |  | | | | | | | | | | | | | | | | | | |
| □ DO NOT SUBSCRIBE ME TO **PENRITH SYMPHONY ORCHESTRA** ENEWS | | | | | | | | | | | | | | | | | | | | | | | |
| □ DO NOT SUBSCRIBE ME TO **PENRITH CONSERVATORIUM OF MUSIC / THE JOAN** ENEWS | | | | | | | | | | | | | | | | | | | | | | | |

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| PENRITH STRINGS 2017 PROGRAM  APPLICATION FORM  **Student name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **STRING INSTRUMENT TEACHER (SCHOOL OR PRIVATE) DETAILS:**  MUSIC AND OUTCOME OF THIS APPLICATION WILL ALSO BE SENT TO THE MUSIC TEACHER AS PER THE DETAILS BELOW | | | | | |
| MR/MRS/MS FIRST NAME | |  | SURNAME |  | |
| SCHOOL |  | | MOBILE |  | |
| EMAIL |  | | | | |
| POSTAL ADDRESS | |  | | | |
| CITY | | | STATE | | POSTCODE |
| **PLEASE COMMENT BRIEFLY ON YOUR STUDENT’S INSTRUMENTAL ABILITY** | | | | | |
| 1. PLAYING SKILLS | | | | | |
| 1. PERFORMANCE/ENSEMBLE SKILLS AND EXPERIENCE | | | | | |
|  | | | | | |
| SIGNED | | | DATE | | |
| □ DO NOT SUBSCRIBE ME TO **PENRITH SYMPHONY ORCHESTRA** ENEWS  DO NOT SUBSCRIBE ME TO ACO EDU NEWS EDU NEWSEDU EDU ENEWS | | | | | |
| □ DO NOT SUBSCRIBE ME TO **PENRITH CONSERVATORIUM OF MUSIC / THE JOAN** ENEWS | | | | | |