

TRINITY BAY STATE HIGH SCHOOL

Performing Arts Centre of Artistic Development

School of Excellence Application										
STUDENT INFORMATION:										
Student's First Name:	Student's Surname:									
Student's Current School:	Student's Current Year Level:									
Gender: Male Female	Date of Birth:									
PARENT/GUARDIAN INFORMATION:										
Parent/Guardian Name:	Parent/Guardian Signature:									
Email Address:	Mobile:									
Mailing Address:										
I would like to nominate for the following Excellence Program: Tick CAD program you wish to apply for:										
CAD Dance CAD Dra	ma CAD Music									
RESUME to be completed by student: Outline your previous training, achievements and experiences, and any interest you may have in one or more of these areas:										
Please provide a personal statement outlining your goals and the s	kills you hope to develop:									



What personal strengths can you co	ntribut	e to t	the Ti	rinity	Bay CAI	D programs:					
			-								
REFEREE NOMINATION: You must	organis	e a re	feree	to con	nment or	n the following. Your referee may be con	ntacted r	egard	ing yo	ur ap	olication.
Referee Name:						Position/Role:					
Email Address:					Contact Phone No:						
Signature of Referee:											
Please rate by circling the following	qualitie	es. Ra	ating	scale	1 =Satis	factory → 5 = Outstanding					
Technical/Skill Level:	1	2	3	4	5	Attitude to work:	1	2	3	4	5
Commitment to school/ extra - curricular activities:	1	2	3	4	5	Personal Organisational Skills:	1	2	3	4	5
Working collaboratively with others:	1	2	3	4	5	Personal Discipline:	1	2	3	4	5
Additional Comments:											
Please visit our website <u>Trinity Bay</u> audition information.	SHS Ex	celle	nce F	rogra	ams Per	forming Arts Centre of Artistic Dev	velopm	ent fo	or mo	ore de	etailed
TO FINALISE YOUR SCHOOL OF EX	CELLFN	CE A	PPLIC	CATIC	N:				()	dixu	
						ard to this application			a.	1	
 Please attach a copy of your most recent academic report card to this application Any other supporting evidence/documentation 							Performing Arts				
					ont Ann	lication			Trinity Ba	ay State I	ligh School
3. Complete your Trinity Bay Stat	e nigii	30110	OI EII	OIIII	ent Abb	illation					

4. **EMAIL** completed EOI form, TBSHS enrolment application and report cards to CADSOE@trinitybayshs.eq.edu.au including subject line: CAD Programs or

DELIVER to Trinity Bay State High School, Enrolment Officer, Attention: CAD Programs or

POST to Trinity Bay State High School, Enrolment Officer, Attention: CAD Programs PO BOX 5071, CAIRNS QLD 4870.

Please note that the 1st round closing date for submitting your expression of interest is midday Tuesday week 10 (last Tuesday of Term 1).

On completion of auditions, successful students will receive a letter of acceptance and a CAD contract to complete. A returned CAD contract is acceptance of your position. Unsuccessful students will be notified and indicated whether they have been added to the waitlist.

OFFICE USE ONLY: Application Received: _____ / _____/____

