



MELBA CONSERVATORIUM OF MUSIC

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Facsimile (03) 9429 3199
http://www.vicnet.net.au/~melba

Single Studies Application / Audition / Enrolment Form

Please complete and return this form with your payment of \$50 non-refundable Application & Registration Fee

CONTACT AND PERSONAL DETAILS

Family Name Given Name/s

Address

Town/Suburb Postcode Date of Birth

Tel – Home Work Mobile

INSTRUMENT/S FOR SINGLE STUDIES LESSONS

Piano Vocal Electone Classical Guitar

Strings * Woodwind * Brass * * Specialist Instrument:

Music Theory Composition Other (Specify):

PRIOR MUSIC EXPERIENCE

Beginner or minimal experience Achieved AMEB Practical Exam Grade _____

Private lessons for _____ years Achieved AMEB Theory Exam Grade _____

AIMS FOR UNDERTAKING SINGLE STUDIES LESSONS

Recreational / Personal VCE Music AMEB Exams

Audition Preparation (short-term) Preparation for Tertiary Studies (long-term) Other: _____

PLEASE INDICATE TIMES YOU ARE AVAILABLE FOR LESSONS (eg. 2pm – 6pm)

Mon Tue Wed

Thu Fri

DETAILS OF AUDITION PIECES

Vocalists: please include at least one classical piece for audition, and bring an accompaniment copy of the music for these pieces to your audition/interview

	Title	Composer
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>

DECLARATION

I declare that the information contained on this form is correct. I understand that fees are to be paid per term in advance, and students who fail to pay per term in advance will not be permitted to attend lessons.

Signature

Date

Date Stamp

The Melba Conservatorium of Music respects information privacy. The information you have supplied will be used only in relation to your application for admission to Melba Conservatorium courses.

Reg. Pay't Rec't No: _____ Comments: _____

Audition Date: _____ Details Advised to Applicant _____

AUDITION OUTCOME

Comments on performance and discussion:

[Large empty box for comments on performance and discussion]

ALLOCATED TEACHER & LESSON DAY/TIME

Recommended Teacher

Possible lesson day & time (if able to be determined)

1. [Text box for recommended teacher]

[Text box for possible lesson day & time]

2. [Text box for recommended teacher]

[Text box for possible lesson day & time]

STUDENT'S WEEKLY LESSON DURATION

½ hr per week (\$380) ¾ hr per week (\$570) 1 hr per week (\$760) Other: _____

COMMENCING TERM

Term 1 Term 2 Term 3 Term 4

OFFICE USE ONLY

Teacher Confirmed / Able to take on Student [Text box]

Comments / Further Action (if any) [Text box]

Confirmation letter & invoice – date sent [Text box]

Details entered on S / St Database (date) [Text box]

ADJUSTMENTS / COMMENTS

[Large empty box for adjustments and comments]