AOD Elite Part-Time Program – Application Form

(Post-School Intensive Training – 3 Days/Week)

Applicant Information

Full Name: _____

Date of Birth: _____

Current Age: _____

Address: _____

Email: _____

Mobile Number: _____

Emergency Contact (Name & Number): _____

Dance Experience

Previous dance studio(s): _____

How many years have you been dancing? _____

What styles have you trained in? _____

Do you currently compete or perform professionally? (Please list)

_____

Weekly training hours (approx): _____

Have you completed any formal dance qualifications? If yes, please specify:

_____

Goals & Motivation

Why do you want to be part of the AOD Elite Part-Time Program?

_____

_____

_____

_____

What are your current goals in the dance industry?

_____

_____

_____

What type of work are you hoping to pursue (e.g., commercial, cruise ships, contemporary company, etc)? _____

Schedule & Availability

Are you available to train 3 full days per week (Monday–Wednesday)?

_____

Do you currently have any work, study or teaching commitments we should be aware of?

_____

Additional Information

Do you have any injuries, medical conditions, or learning needs we should be aware of?

_____

Would you like to also apply for a Certificate III program?

☐ Certificate III in Dance ☐ Certificate III in Assistant Dance Teaching ☐ Not at this stage

Audition Footage (if applying remotely)

If you're applying from interstate or cannot attend a live audition, please include a video link to:
- 1 x Jazz, Lyrical, or Contemporary solo
- 1 x short improvisation clip (30–60 seconds)

Declaration

I declare that the information provided above is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____ Date: _____