

SCHOOL OF MUSIC Pre-Audition Form



Hamilton Enrolments:

Post to: Vision College Enrolments Office
21 Ruakura Road
Hamilton 3216
Fax 07 853 0223
Enquiries 0800 834 834
Administration 07 853 0777
Email admin@visioncollege.ac.nz

Christchurch Enrolments:

Post to: Vision College
334 Manchester St
Christchurch 8013
Fax 03 366 9271
Enquiries 0800 834 834
Administration 03 377 2364
Email christchurch@visioncollege.ac.nz

This form must be completed and returned to Vision College BEFORE an audition can be arranged. The applicant must have an interview and complete an audition in the stream they are applying for. Applicants who are located long distance may send in a DVD of their audition or upload it to YouTube followed by a phone or video call interview.

The applicant is required to perform **3 pieces of contrasting style**, ideally from 3 different genres' such as jazz, classical or rock.

VOCAL STREAM: Applicants must perform at least two covers. Applicants may bring an accompanist or backing tracks may be used. If performing an original song, applicants must provide lyrics. For the Contemporary Christian Music Stream, applicants must have at least one Christian song.

INSTRUMENTAL STREAM: Applicants provide their own instrument (except for piano and drums). Applicants must provide written music if performing their own composition.

SONG WRITING STREAM: Applicants must perform three original songs and provide lyrics for their own compositions.

ACADEMIC INFORMATION

1. Name of Applicant:
2. What academic level did you reach in High School?
3. What High School Examinations have you passed (including Music)?
4. Have you ever attended another Polytechnic or University? Yes No
If yes, please provide details of what course, when and where:
5. If you attended another Polytechnic or University, did you complete the course? Yes No Not Applicable
If no, why did you not complete it?
6. Do you intend to complete the course that you are applying for? Yes No

LEARNING

7. How many hours of practise do you consider a serious musician should do in a week?
8. How do you consider you learn from books? (circle one)
9. How do you cope with test and exam situations? (circle one)
10. How do you read music? (circle one)
11. How do you learn best? (circle one)
12. Are you prepared to accept direction from tutors in aspects of playing/singing techniques? Yes No

MUSIC EXPERIENCE

13. **WHAT OF THE FOLLOWING ARE YOU ABLE TO DO:** (tick all that apply)

- Read the treble clef
- Read the bass clef
- Write major scales and identify their key signatures
- Write relative minor scales
- Know the intervals of the major scale
- Write major, minor, diminished, augmented, dominant 7th, minor 7th and major 7th chords
- Sing the notes of a given major cord
- Sing back a short given melody
- Play major scales
- Play minor scales
- Play dominant 7th scales
- Play minor pentatonic scales
- Play major, minor, diminished, augmented, dominant 7th, minor 7th and major 7th chords
- Play major, minor and dominant 7th arpeggios

14. **INSTRUMENTALISTS** complete this question if you are an instrumentalist

- a) What instruments(s) do you play?
- b) How long have you been playing?
- c) How much practise do you do each week?
- d) What method have you used to learn? (eg. Private lessons, books, internet, friends)
-

15. **VOCALISTS** complete this question if you are a vocalist

- a) How long have you been singing?
- b) How much practise do you do each week?
- c) What method have you used to learn? (eg. Private lessons, books, internet, friends)
-

16. **SONG WRITING** complete this question for Song Writing Stream in Hamilton & Song Writing as a core paper in Christchurch

Please include a CD/DVD of your songs, clearly labelled with a lyric sheet for each song.

a) Have you ever written your own songs or written your own music? Yes No

b) How many songs have you written and in what style?

c) Have you ever recorded any of these? Yes No

If yes, who recorded it and where?

17. **BAND AND LIVE PERFORMANCE EXPERIENCE**

a) Do you play/sing in a band (including ensemble groups) or perform live as a soloist? Yes No

If yes, please give brief details below:

Year	Band Name/Soloist Name (if any)	Type of Performance/Gigs	Style of Music	Your Instrument

b) Have you won any competitions or grants while playing in any of these bands/groups? Yes No

If yes, please give details

c) Have you recorded any songs (originals or covers) Yes No

If yes, please give details

18. **CHURCH MUSIC EXPERIENCE** (complete this question if you're applying for the *Christian Contemporary Music Stream*)

a) What church do you attend?

b) How long have you attended this church?

c) What is your pastor's name?

d) Do you play in a worship team? Yes No If Yes, detail your experience and role

19. **MUSICAL EQUIPMENT**

a) What musical equipment do you own and use (instruments including acoustic or electric guitars, bass, keyboards and other gear such as amps or effect pedals)

AMBITIONS AND DIRECTION

20. What sort of work would you like to do after completing this diploma/degree?

21. Which styles of music appeal to you most?

22. Which performers do you admire?

23. Are you willing to play/sing music of all genre and styles? Yes No

24. How do you adapt to situations that require you to fit in with other diverse personalities in a band situation?

25. What achievement can you identify that shows you have 'stickability'?

26. Outline two situations you have been in that required team work, responsibility, self-motivation and hard work:

ADDITIONAL DOCUMENTS REQUIRED

1. PERSONAL ESSAY

Please type a personal essay of 1-2 pages covering the following topics:

- Why would you like to study music as Vision College?
- Your musical ambitions, dreams and career goals.
- Music education you have had.
- Your strengths and weaknesses with respect to music.
- Any experience you've had in Music (bands, voluntary/paid positions held, functions etc.)
- Personal interests, hobbies & faith.

For Contemporary Christian Music Stream please include in your essay:

- How you came to faith in Christ.
- Any experience you have had in Christian Ministry fields. (involvement in your local church and music teams)

2. EXTRA DOCUMENTS

Have you passed any Music exams or qualifications?

If so, you need to attach with this form a copy of your qualification and a transcript of your marks.

For Song Writers:

Please attach with this form a CD/DVD of your songs, clearly labelled, with a lyric sheet included for each song.

3. REFEREE REPORTS

You need to provide *two* confidential Referee Reports on the forms provided. These are to be completed and sent in separately by your nominated referees.

For Contemporary Christian Music Stream: You are required to have *one* Pastor Referee Report and *one* standard Referee Report.

4. REFEREE DETAILS

Please list the names and details of your *two* chosen referees here:

Name:

Phone:

Mobile:

Name:

Phone:

Mobile:

Please note: The Personal Essay must be written by the applicant. You may be asked to write a paragraph during your interview about your ambitions.

DECLARATION

Declaration – I declare that all the information supplied on, and with, this form is true and complete.

Signature

Date

You have been nominated as a *confidential* referee for a potential student on our Bachelor of Music Course. We would greatly appreciate it if you would complete this form as soon (and as candidly) as possible and return it directly to Vision College.

A Referee should:

- Not be related to you or live at the same address as you.
- Have known you preferably for more than 12 months.
- Be over the age of 18 years.
- Be able to support your application.

REFEREE REPORT

1. Name of Applicant:
2. Course being applied for?
3. How long have you known the applicant and in what relationship?
4. Please give a brief comment on the applicant's ability to work with other people within a team environment:
5. Please give a brief comment on the applicant's strengths and weaknesses in regards to a study environment:
6. Any additional comments on the applicant's character and attitudes that you have observed?

APPLICANT'S BEHAVIOUR AND ATTITUDES

7. Please tick the box that best represents your opinion of the applicant's behaviour and attitudes.

Behaviour and Attitudes	Excellent	Good	Average	Poor	Very Poor
Financial Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choice of Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for People	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward other Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team Co-operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teach ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persistence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Would you recommend the applicant for this course? Yes No

REFEREE'S DETAILS

Full Name:

Position Held:

Address:

Post Code:

Email Address:

Home Phone: Mobile:

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You have been nominated as a *confidential* pastor referee for a potential student on our Bachelor of Music Course. We would greatly appreciate it if you would complete this form as soon (and as candidly) as possible and return it directly to Vision College.

A Referee should:

- Not be related to you or live at the same address as you.
- Have known you preferably for more than 12 months.
- Be able to support your application.

PASTOR REFEREE REPORT

1. Name of Applicant:

2. Course being applied for?

3. How long have you known the applicant and in what relationship?

4. Please give a brief comment on the applicant's Christian service:

5. Is the applicant currently involved in ministry? If so, in what way?

6. Any additional comments on the applicant's character and attitudes that you have observed?

APPLICANT'S BEHAVIOUR AND ATTITUDES

7. Please tick the box that best represents your opinion of the applicant's behaviour and attitudes.

Behaviour and Attitudes	Excellent	Good	Average	Poor	Very Poor
Financial Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Would you recommend the applicant for this course? Yes No

PASTOR'S DETAILS

Full Name:

Position Held:

Address:

Post Code:

Email Address:

Home Phone: Mobile:

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HEALTH

1. Have you suffered or do you currently suffer from health problems that may affect your ability to study? Yes No

2. Please tick, if you suffer from any of the following?

- | | | |
|-------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Addictions | <input type="checkbox"/> Chronic Fatigue | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Emotional/Psychological Disorders | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Migraines | <input type="checkbox"/> RSI / OOSE | <input type="checkbox"/> Other |

3. If other, please specify:

DRUGS

4. Have you used illegal substances before? Yes No

5. What sort have you used?

6. When was your last use?

CONVICTIONS

7. Have you ever been convicted of a criminal offence? Yes No

8. If yes, when were you convicted?

9. What was the nature of the offence?

OTHER

10. Please advise us of any other information that may affect your ability to study: