

## 2020 NECOM CHORAL CONDUCTOR MENTORING PROGRAM APPLICATION FORM

### STEP 1 – Contact Details

SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ DOB: \_\_\_\_\_ SCHOOL YEAR: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PARENT/GUARDIAN NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ P/CODE: \_\_\_\_\_

PHONE NUMBER (B/H): \_\_\_\_\_ PHONE NUMBER (A/H): \_\_\_\_\_

IS THE APPLICANT OF ABORIGINAL DESCENT?  No  Yes

IS THE APPLICANT RECOGNISED AS BEING GIFTED & TALENTED BY THEIR SCHOOL?  No  Yes

DOES THE APPLICANT HAVE A RECOGNISED DISABILITY  No  Yes. If Yes give details

\_\_\_\_\_

### STEP 2 – Background Details

Please list all ensembles you have been a member of, including duration of membership (eg. 2012-2019):

SCHOOL: \_\_\_\_\_

\_\_\_\_\_

COMMUNITY: \_\_\_\_\_

\_\_\_\_\_

How many years have you been a member of New England Singers? \_\_\_\_\_

Tell us why you are interested in this opportunity and what you would gain from being a part of the program

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Student's Signature: \_\_\_\_\_

Parent/Guardians Signature (student under 18 years): \_\_\_\_\_

**RETURN BY 5PM FRIDAY 22 NOVEMBER 2020 TO:**  
New England Conservatorium of Music  
PO Box 1313, Armidale NSW 2350  
NECOM Office, Lvl 1 CB Newling Building  
Email: [admin@necom.org.au](mailto:admin@necom.org.au)