

Power of Performance

APPLICATION FORM

JAN/FEB 2010

affix
photograph
(This is essential
for your tutors)

IMPORTANT!

First Name: _____ DOB: _____ Mobile: _____
 Last Name: _____ Email: _____
 Address: _____ Work Ph: _____
 Suburb: _____ Post Code: _____ Home Ph: _____

PREVIOUS ACTOR TRAINING? _____

WHAT PERSONAL QUALITIES WOULD YOU BRING TO THE PROGRAM? _____

HOW DID YOU HEAR ABOUT THIS COURSE? _____

Power of Performance Class Schedule – Jan/Feb 2010 intake:

PLEASE CIRCLE WHICH MODULE/S & WHICH DAY/S YOU WOULD LIKE TO ENROL IN:			
	Mon /Wed: 7-10pm	Tues/Thurs 7-10pm	Sat: 10am-5pm
Module 1 (20wks) -The Actors Process	Yes	Yes	Yes
Module 2 (15 wks) -Performing the Play	Yes		Yes
Module 3 (12 wks) –Perf in Shakespeare		Yes	
Module 4 (12 wks) - Perf American	Yes		Yes
Module 5 (12 wks) - Perf on Screen			Yes
Module 6 (12 wks) - Perf in Auditions		Yes	

Please visit our website for most up-to-date course info. 2010 Payment Schedule (prices are GST inclusive):

MODULE 1	DEPOSIT	Due 22 Jan 2010	Due 23 Feb 2010	Due 23 Mar 2010	Due 20 Apr 2010	Due 18 May 2010	TOTAL
Paid in Full	\$500	\$1,550	-	-	-	-	\$2,050
Instalments by Direct Debit	\$500	-	\$600	\$600	\$300	\$250	\$2,250

MODULES 2 & 5	DEPOSIT	Due 12/02/10	Due 9/03/10	Due 30/03/10	Due 20/04/10	TOTAL
Paid In Full	\$500	\$1,250	-	-	-	\$1,750
Instalments by Direct Debit	\$500	-	\$550	\$550	\$250	\$1,850
10% discount* Paid in full	\$500	\$1,075	-	-	-	\$1,575
MODULES 3 & 4 & 6	DEPOSIT	Due 12/02/10	Due 9/03/10	Due 30/03/10	Due 20/04/10	TOTAL
Paid In Full	\$500	\$950	-	-	-	\$1,450
Instalments by Direct Debit	\$500	-	\$400	\$400	\$250	\$1,550
10% discount* Paid in full	\$500	\$805	-	-	-	\$1,305

*10% discount offered if you have previously completed two or more PoP modules at ACA and are paying in full

TERMS & CONDITIONS

Attendance, Punctuality & Conduct

I agree to be punctual for all classes & that my attendance will remain above 80%.

I agree to inform ACA ahead of time of periods of absence (eg: travel for work, pre-arranged holidays etc.)

I agree to phone ACA if I am ill or running late for class & leave a message for my tutor.

I agree to conduct myself in a considerate & respectful manner towards tutors & fellow students at all times.

Refund Policy

I understand that the \$500 course deposit is strictly non-refundable & that 100% refund of any other payments only applies if I withdraw 7 days prior to my first class. After this time I understand that no refunds will be granted and all future course fees remain due & payable on their allocated date/s.

I, _____ understand that I will be liable to pay the total amount of the course even if I choose to leave the course before it concludes OR if I am asked to leave due to my failure to fulfil ACA's expectations regarding attendance, punctuality & conduct, as outlined above. I agree to contact ACA prior to the ezidebit payment due dates (as per above) to discuss alternative arrangements, should financial difficulties arise. I understand that should I fail to fulfil my financial obligations, my enrolment may be jeopardised. I agree that I have read, understood & hereby commit to these terms & conditions.

Signed: _____ Date: _____

Please note that all personal information is treated confidentially in accordance with ACA's Privacy Policy

ILLNESS AND INJURY

- Q:** Do you have a disability, impairment or medical condition that may affect your studies? YES / NO
i.e.: Visual / Intellectual / Physical / Mental Illness / Hearing / Chronic Illness / other...
- Q:** Do you require special assistance? YES / NO
- Q:** Are you currently taking any medication? YES / NO

If answering yes to any of the above, please specify _____

Please attach additional information on a separate sheet if required

PERSON TO CONTACT IN CASE OF EMERGENCY: _____

RELATIONSHIP TO STUDENT: _____ MOBILE: _____

Office Use Only

1. Date Application Form Received: _____
2. Module: 1 2 3 4 5 6
3. Class Enrolled in M/W T/Th Sat
4. 2nd Pref M/W T/Th Sat
5. Enrolled in Backstage _____
6. Deposit Paid: _____ Invoice Number: _____
7. Attended Free Intro W/shop? Y / N
8. Conf. & Pay schedule sent Y / N Date sent: _____
9. Paid in Full _____ Invoice Number: _____
10. Ezidebit Form Y / N
11. Photo Received: Y / N
12. Mail Merge Data File _____
13. Initial of ACA Admin _____