50 YEARS Wonthaggi Theatrical Group Inc EST 1969

COMMITMENT TO THE PROTECTION OF CHILDREN

The Wonthaggi Theatrical Group is committed to creating a safe and protected environment for children.

Every adult involved in ALL WTG activities in any way, shape or form takes on this collective responsibility through making the three non-negotiable commitments detailed below.

1. Following **all** WTG Child Safe policies and procedures.

2. Having a **current** Working With Children's Check

3. **Immediately** standing aside from all WTG related activities if you are under investigation for any criminal or civil offences related to child safety.

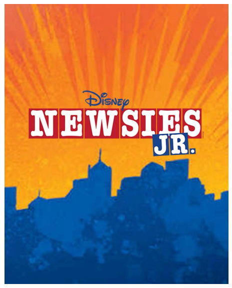
Please read and sign below:

I have read and understood the commitments to child safety outlined above and will implement these commitments when involved in any WTG activity.

Name: ……………………………………………………………………..

Signed: ……………………………………………

Date: ………………..



AUDITION FORM

PHOTO

Please complete and sign this form and bring it to your audition, together with a recent photo of yourself (head and shoulders).

PERSONAL DETAILS

Name: ____

Address: ________________________________ Post Code ________________

Phone: Cast Mobile: ________________ Emergency/ Parent Mobile ___________

e-mail address: ____

Gender : ______________ Are you on Facebook / Messenger: YES NO

Current Age: ________ Date of birth: __________ Student (circle): YES NO

Are you of Aboriginal or Torres Strait Islander origin? YES NO

AUDITION INFORMATION

What part(s) are you auditioning for? ________________________

If offered another part will you accept it? (circle) YES NO

If offered ensemble will you accept? YES NO

Have you auditioned (or intend to audition) for any other productions that will rehearse concurrently with this one? If YES, please give details of period: YES NO

____

Are you unavailable for any part of the rehearsal period If YES, please give details of period and reason(s): YES NO

____

DANCING / MOVEMENT ABILITY

Have you had any formal dance training? (circle) YES NO

Please name styles of dance most competent in:

____

Can you perform any special dance talents or tricks/flips: Circus tricks, Juggling, unicycle please circle or list

eg: Pirouette spins, leaps, toe touch leaps, flips, partner lifts.

THEATRICAL EXPERIENCE Please detail your most recent relevant experience

YEAR	COMPANY	SHOW / ROLE

VOCAL EXPERIENCE

Training? (circle) YES NO Years/Level ____________

Voice type? (circle) Soprano Mezzo Alto

1st Tenor 2nd Tenor Bass Baritone Basso

Do you read music? (circle) YES NO

What's your ability to sight read? (circle – scale below) 1 2 3 4 5

Do you sing harmony? (circle) YES NO

How well? (circle – scale below) 1 2 3 4 5

Scale: 1 = very good 5 = not so good

Are there any medical conditions that we should be aware of (duty of care/OH&S)?

I understand that if I am selected to join the cast or crew of this production I must become a member of the Wonthaggi Theatrical Group Inc (if not already a member) in order to ensure that I am covered by the group's insurance policies.

If I am selected to join the cast or crew of this production I give Wonthaggi Theatrical Group Inc permission to use photographs of me for promotional and related purposes. I am aware that these photographs may:

- appear in newspapers, on television, and in other advertising and promotional material in other media;
- be displayed by the group in its rooms, at the performance venue, and at future events and performances; and,
- be distributed to cast members (and others involved in the production) of the shows / performances I have been involved in for commemorative purposes.

I attest that the information I have provided is true and correct.

Signed: ……………………………………………………… Date: …… / ……./ 2023

For persons under the age of 18 years, this form should also be signed by parent or guardian:

Signed: ………………………………………………………. Date: ……./ ……../ 2023