

WWW.VISIONCOLLEGE.AC.NZ

SCHOOL OF MUSIC

School of Music

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APPLICATION
FORMS

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School of Music Application Process

This booklet contains all of the forms needed to apply for entry into the following qualifications:

- Bachelor of Music (CCM) (3rd year)
- Diploma in Performance Music (Level 6) (2nd year)
- Diploma in Contemporary Music (Level 5) (1st year)

Before sending in your application, please use the checklist on the following page to ensure you have completed all required forms.

This is the process you can expect to experience when applying to the School of Music at Vision College.



Your application process is now complete!

Documents Required for your Application

Document Checklist

Check off each of these to make sure you have completed the application requirements.

In this booklet:

- Application/Enrolment Form
- Pre-Audition Form
- Confidential Referee Report #1
- Confidential Referee Report #2

Confidential referee reports are to be cut-out and given to the referee to fill in, and then mailed in separately by the person completing the report.

Additional documents:

- Personal Essay
- The essay requirements are described in this booklet.*
- Music Exam Marks or Qualifications gained

Additional documents for Songwriters

- CD/DVD of Songs, clearly labelled
- Lyric Sheet for each song on CD/DVD

Please provide a form of identification from both, **Section "A" AND Section "B"**

A) Proof of Identity: Proof of Citizenship or Residency – one of these:

- Birth certificate with place of birth stated as New Zealand, Cook Islands, Tokelau, or Niue.
- New Zealand passport.
- A statement of Whakapapa, including date of birth, countersigned by a kaumatua.
- Certificate of citizenship or letter of confirmation.
- Overseas passport with residency stamp.

You can bring the original documentation to the enrolment desk. Alternatively please provide a certified copy by a Justice of the Peace (JP), Solicitor, Minister of the Church or General Practitioner.

B) Proof of Identity: Photo ID – one of these:

- Passport
- Driver's Licence
- Former Student ID Card
- R18+ ID Card

DOMESTIC STUDENTS Application/Enrolment Form



Hamilton, Pukekohe and Auckland Enrolments:

Post to: Vision 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
50 Hazeldean Road
Christchurch 8024
Fax 03 366 9271
Enquiries 0800 834 834
Administration 03 377 8878
Email christchurch@visioncollege.ac.nz

The purpose of this enrolment form is to obtain from you the information we need to enrol you into a qualification at our organisation. We also need to collect information from you which is required by the Ministry of Education and other Government agencies for statistical and administrative reasons.

- Please complete all sections of this form and sign the declaration.
- Please attach all additional documentation required as per the documentation section.
- Note: International students should use the International Student enrolment form, which is available on the website.

QUALIFICATION

1. What qualification do you wish to enrol in?
Qualification start date: Qualification end date:
2. Have you studied at Vision before? Yes No If yes, what was your Student ID number?
3. How do you intend to study? Full time Part time
4. Where do you intend to study? On Campus – Which one?
 Distance/Online/Block Courses/Internship (Not all courses have this option. Please check first.)
5. If there are options for your course, what option are you choosing?
e.g. Music students write "Vocal" or "Instrument". Leadership students could write "internship" or "part time".

If the qualification you have chosen does not have options, or if you are unsure, leave this field blank.
6. What year do you expect to complete the academic requirements of your course(s) with Vision in order to graduate with your qualification? Year

PERSONAL DETAILS

7. **Your full legal name:** Family Name: Title: Mr Miss Mrs Ms
First Name(s):
8. Preferred name (if different to above):
Previous name(s) known by:
9. If you have previously enrolled under another name, what was that name?
10. Date of birth: //
D D M M Y Y Y Y
11. Gender: Male Female
12. Do you know your NSN (National Student Number)? No Yes If yes, please write it here:
13. Citizenship: New Zealand Citizen New Zealand Permanent Resident Australian Citizen
 Australian Permanent Resident Other (please specify)
14. During your study, where will you be residing? New Zealand Overseas

15. Which ethnic group(s) do you belong to?

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> NZ European/Pakeha | <input type="checkbox"/> British/Irish | <input type="checkbox"/> Other European | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> New Zealand Māori | <input type="checkbox"/> Dutch | <input type="checkbox"/> Filipino | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Greek | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Cook Island Māori | <input type="checkbox"/> Polish | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> Tongan | <input type="checkbox"/> South Slav | <input type="checkbox"/> Other Southeast Asian | <input type="checkbox"/> Latin American |
| <input type="checkbox"/> Niue | <input type="checkbox"/> Italian | <input type="checkbox"/> Chinese | <input type="checkbox"/> African |
| <input type="checkbox"/> Tokelauen | <input type="checkbox"/> German | <input type="checkbox"/> Indian | <input type="checkbox"/> Other |
| <input type="checkbox"/> Fijian | <input type="checkbox"/> Australian | <input type="checkbox"/> Sri Lankan | <input type="checkbox"/> Not Stated |
| <input type="checkbox"/> Other Pacific Peoples | | | |

If Other European / Other Asian / Other Southeast Asian / Other Pacific Peoples or Other, please specify:

15a. If you identified as **New Zealand Māori**, what is the name of the Iwi you have the strongest affiliation to?

You may enter up to three.

Iwi <input type="text"/>	Iwi <input type="text"/>	Iwi <input type="text"/>
Rohe (Iwi home area)	Rohe (Iwi home area)	Rohe (Iwi home area)

16. How did you hear about this course?

ACADEMIC INFORMATION

17. What was your main activity in New Zealand as at 1 October in the **year prior** to this course start date?

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Secondary School Student | <input type="checkbox"/> Self-employed | <input type="checkbox"/> House-person or Retired | <input type="checkbox"/> Wānanga student |
| <input type="checkbox"/> Non-employed or beneficiary | <input type="checkbox"/> University Student | <input type="checkbox"/> Overseas Irrespective of Occupation | |
| <input type="checkbox"/> Wage or salary worker | <input type="checkbox"/> Polytechnic Student | <input type="checkbox"/> Private training establishment student | |

18. Do you live with the effects of significant injury, long term illness or disability? Yes No

If yes, how would you describe your significant injury, long term illness or disability? The information you supply is confidential.

19. Is there anything that you suffer from that is likely to affect your study, or that we should be aware of while on campus?

- | | | | |
|--|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Chronic Fatigue | <input type="checkbox"/> Depression | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Migraines | <input type="checkbox"/> RSI (OOSE) | <input type="text"/> |
| <input type="checkbox"/> No, I don't suffer from any of these health issues. | | | |

20. What was the name of the last secondary school you attended?

School: Year: New Zealand Overseas

21. What is the highest level of achievement you hold from a secondary school?

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> No formal secondary qualifications | <input type="checkbox"/> 14 or more credits at any level | <input type="checkbox"/> NCEA Level 1 or School Certificate | <input type="checkbox"/> NCEA Level 2 or 6 th Form Certificate |
| <input type="checkbox"/> University Entrance | <input type="checkbox"/> NCEA Level 3 or Bursary or Scholarship | <input type="checkbox"/> Overseas qualification (includes Cambridge & International Baccalaureate exams) please specify | <input type="checkbox"/> Not Known |
| <input type="checkbox"/> Please specify if "Overseas Qualification" or "Other". | <input type="text"/> | | |

22. Is this the first time you have enrolled at a tertiary institution in New Zealand or overseas since leaving school?

Yes No (if yes, go to question 24)

If No, please enter the name of the organization you first studied at and the year of your first enrolment:

School: Year: New Zealand Overseas

23. Please list any tertiary study that you have done (include the highest level qualifications that you have completed).

Institution	Course	Year Studied	Successfully completed?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

24. Do you have a StudyLink student loan from a previous course? Yes No

Are you applying for a StudyLink student loan for this course? Yes No

25. Please provide details of your bank account for deposit in the event of refunds:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank	Branch	Account Number										Suffix							

CRIMINAL CONVICTIONS

26. Do you have any criminal convictions including criminal traffic offences? Yes No

If "Yes" please state below the nature of the offence(s)? *The information you supply is confidential.*

CONTACT DETAILS

Home Address:
 Post Code:

Postal Address:
(if different) Post Code:

Email Address:

Daytime Phone: Mobile:

Next of Kin (emergency contact) Name: Relationship:

Next of Kin Mobile: Home Ph: Work Ph:

Next of Kin Email:

DOCUMENTATION

To enrol in a New Zealand tertiary education organisation, you must provide evidence of citizenship and / or permanent residency.

International students must produce their passport and a visa that is valid for undertaking study in New Zealand.

Domestic Students

You will need to produce **one** form of documentation from the following checklist as evidence of citizenship/permanent residency

- Birth certificate with place of birth stated as New Zealand, Cook Islands, Tokelau, or Niue.
- New Zealand passport.
- Australian passport.
- A statement of Whakapapa, including date of birth, countersigned by a Kaumatua.
- Certificate of citizenship or letter of confirmation.
- Proof of New Zealand or Australian Permanent Residency.

Photo ID

You must produce one form of Photo ID.

- Driver's Licence
- Passport
- Former Student ID Card
- R18+ ID Card

You can bring the original documentation to the enrolment desk, alternatively please provide a certified copy. This means a photocopy of your original document, signed as being a true and accurate copy by a Justice of the Peace (JP), Barrister or Solicitor, Notary Public, Court Register or Deputy Registrar, Member of Parliament, Land Transport New Zealand, Public Trust, or local authority employee designated for this purpose. When a learner is in a remote community and unable to access a person listed in the Oaths and Declarations Act, a member of the New Zealand Police, school principal, minister of religion, or general practitioner is acceptable

USE OF INFORMATION AND PRIVACY STATEMENT

Activate Training Centre Limited (ATC) collects and stores information from this form to:

- manage the business of ATC (including internal reporting, administrative processes and selection of scholarship and prize winners)
- comply with the requirements of the Education Act 1989 and other legislation relating to maintenance of official records and accountability for public funding
- supply information to government agencies and other organisations as set out below.

ATC may add your personal details (name, date of birth and residency) to the National Student Index, which is managed by the Ministry of Education.

Supply of information to government agencies and other organisations.

ATC supplies data collected on from your enrolment to government agencies, including:

- the Ministry of Education
- the New Zealand Qualifications Authority
- the Tertiary Education Commission
- the Ministry of Social Development: in relation to student loans and allowances
- Immigration New Zealand (a branch of the Ministry of Business, Innovation and Employment): for those who are not New Zealand citizens or permanent residents.

Those agencies use the data supplied by tertiary education organisations to:

- administer the tertiary education system, including allocating funding
- develop policy advice for government
- conduct statistical analysis and research.

The Ministry of Education may supply data collected on this form to Statistics New Zealand for the purposes of integrating data with data collected by other government agencies, subject to the provisions of the Statistics Act 1975. Integrated data is used for the production of official statistics, to inform policy advice to government and for research purposes.

When required by law, ATC releases information to government agencies such as the New Zealand Police, Department of Justice, Ministry of Social Development, and the Accident Compensation Corporation (ACC)

Information collected on this form may be supplied to other educational organisations for the purpose of verifying academic records.

In signing this enrolment form you authorise such disclosure on the understanding that ATC will observe the conditions governing the release of information, as set out in the Privacy Act 1993, the Education Act 1989 and other relevant legislation.

You may request to see any information held about you and request that any errors in that information be amended or noted. To do so, contact the Enrolments Officer.

Fees – In signing this enrolment form you undertake to pay all fees as they become due, and to meet any late fees and collection charges associated with debt recovery. ATC’s policy on withdrawal and refund of fees may be obtained from the Enrolments Officer.

In signing this form you authorise ATC to request payment of your course costs from StudyLink (if applicable). This includes course fees as well as any course related costs that are outstanding more than 60 days.

In signing this form, you give ATC authorisation to provide details to the Trustee who administers the Trust account for student fees.

Photography and Video –At times photos or video might be recorded on campus, in classes or at events. If I am included in these photo or videos I agree that ATC owns the images and all rights related to them and understand that the images may be used in any manner, any media and any location. I exempt ATC from any payment or compensation to me for the images.

Rules – In signing this enrolment form you undertake to comply with the published rules and policies of ATC with regard to attendance, academic progress, standard of dress, health and safety, and behaviour.

NZ Police Vetting/Ministry of Justice check - I understand that police checks will be done upon completion of the relevant consent forms (ECE and Counselling courses only). The result of this check will be held on my student file for the duration of my enrolment and may be sent to a placement centre upon that centre’s request in writing. By signing the enrolment form I agree to this.

Declaration – I declare that to the best of my knowledge all the information supplied on, and with, this enrolment form is true and complete, I agree to abide by the conditions described above, and I consent to the disclosure of personal information as described above.

Signature Date

OFFICE USE ONLY:

Document type	full legal name	date of birth	gender	citizenship or residency status	Photo ID	Name of person sighting document	Date	Signature

All documents must be sighted and signed by a staff member. All 5 columns must be covered by the documentation provided.

SCHOOL OF MUSIC Pre-Audition Form



School of Music 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

This form must be completed and returned to Vision College BEFORE an audition can be arranged.

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

- 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

- 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

- 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

a) Do you attend a church on a regular basis? Yes No If No, go to question 19

b) What church do you attend?

c) How long have you attended this church?

d) What is your pastor's name?

e) 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:

DRUGS

27. Have you used illegal substances before? Yes No

28. What sort have you used?

29. When was your last use?

CONVICTIONS

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

31. If yes, when were you convicted?

32. What was the nature of the offence?

OTHER ASPECTS THAT MIGHT INFRINGE ON YOUR STUDY

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

DECLARATION

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

Signature

Date

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 and faith

Please note: The Personal Essay must be written by the applicant. You may be asked to complete some brief literacy and/or music theory exercises during your interview.

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.

REFEREE DETAILS

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.

It is requested that, if possible, at least one of the referee forms is filled in by your church Pastor, or someone else in church leadership who knows you. If this is not possible, you still need two referees who know you well.

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

Name:

Phone:

Mobile:

Name:

Phone:

Mobile:

SCHOOL OF MUSIC Audition Details



Each applicant must have an interview and complete an audition in the stream they are applying for. Applicants who are located long-distance from the College 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. 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.

Once all of your application forms have been received an audition time will be arranged with you.

Name of Applicant:
(Student Details)

Course Applied for:

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 Pastor Referee should:

- Ideally not be related to the applicant. If you are related to the applicant please specify this in Q1.
- Have known the applicant preferably for more than 12 months.
- Be a church pastor, or senior church leader. If the church pastor does not personally know the applicant, someone else in leadership who knows the applicant can fill this in. (e.g. Music Director, Life Group Leader, Youth Director, etc).

PASTOR REFEREE REPORT

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

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

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

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

APPLICANT'S BEHAVIOUR AND ATTITUDES

5. 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"/>

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

PASTOR'S DETAILS

Full Name:

Position Held:

Address:

Post Code:

Email Address:

Daytime Phone: Mobile:

Please return this form to Vision College as soon as possible. Thank you for your time!

School of Music Enrolments:

Post to: Vision College
 21 Ruakura Road
 Hamilton 3216

Fax 07 853 0223
 Enquiries 0800 834 834
 Administration 07 853 0777
 Email admin@visioncollege.ac.nz

Name of Applicant:
(Student Details)

Course Applied for:

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 applicant or live at the same address as the applicant.
- Have known the applicant preferably for more than 12 months.
- Be over the age of 18 years.
- Be able to support their application.

REFEREE REPORT

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

2. Please give a brief comment on the applicant's ability to work with other people within a team environment:

3. Please give a brief comment on the applicant's strengths and weaknesses in regards to a study environment:

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

APPLICANT'S BEHAVIOUR AND ATTITUDES

5. 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"/>

6. 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:

Please return this form to Vision College as soon as possible. Thank you for your time!

School of Music Enrolments:

Post to:
 Vision College
 21 Ruakura Road
 Hamilton 3216

Fax 07 853 0223
 Enquiries 0800 834 834
 Administration 07 853 0777
 Email admin@visioncollege.ac.nz

Freephone 0800 834 834

Hamilton

21 Ruakura Road
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