



MUSIC + AUDIO INSTITUTE OF NEW ZEALAND  
A division of Tai Poutini Polytechnic

## Certificate in Audio Engineering and Music Production Information Record

**WHICH MAINZ CAMPUS IS YOUR APPLICATION FOR?  
(PLEASE CIRCLE)**

**AUCKLAND**

**CHRISTCHURCH**

Name:

\_\_\_\_\_

(Surname)

\_\_\_\_\_

(First Names)

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: Home (0 ) \_\_\_\_\_

Mobile (0 ) \_\_\_\_\_

Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Age: \_\_\_\_\_

1 Please list any academic qualifications you have achieved *(Please include photocopies of qualifications or transcripts)*

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- 6 Please list two recordings that you have admired and for *each*, fill in the details below and state two specific reasons why the **Audio** or **Production** quality of these works impressed you.

Artist/Title	Producer/Engineer	Comments

- 7 Please tick any career paths that indicate your preferred direction.

Live Sound Engineer	<input type="checkbox"/>	Studio Sound Engineer	<input type="checkbox"/>	Music Producer	<input type="checkbox"/>
Recording Artist	<input type="checkbox"/>	Film Post Production	<input type="checkbox"/>	Radio Production	<input type="checkbox"/>
Television Audio	<input type="checkbox"/>	Project Studio Operator	<input type="checkbox"/>	Recording Studio Owner	<input type="checkbox"/>
Jingle Producer	<input type="checkbox"/>	Session Producer	<input type="checkbox"/>	Soundtrack Composer	<input type="checkbox"/>
Record Label Owner	<input type="checkbox"/>	Song Writer	<input type="checkbox"/>	DJ	<input type="checkbox"/>
Performer	<input type="checkbox"/>	Other:			

- 8 On a scale of 1 to 5, please indicate how comfortable you are with machines and technology.

Very comfortable      2                      3                      4                      Not comfortable at all

- 9 How many hours a week outside of class time do you intend to devote to this programme.  
(Please tick one selection)

2	4	6	8	10	12	14	16	18	20	22	24	26
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- 10 Please indicate how comfortable you are with working in a group environment.

Very comfortable      2                      3                      4                      Not comfortable at all

11 Please tick the actions that you are comfortable with.

Burning a music CD		Installing computer software	
Burning data to a CD		Recording sound into a computer	
Operating DJ equipment		Operating a small PA system	
Searching on the internet		Operating a “portable studio” style multitrack	
Recording and playing midi on a computer		Locating books in a library	

12 From the following list, please cross out any items that you would **not** be comfortable with if you were involved in the production.

An Industrial Song	A Dance Track	A Radio Jingle
A Christian Hymn	A Country and Western Singer	A Reggae Band
A Maori Culture Group	A Classical Recording	A Self-Hypnosis Tape
A Pre-Recorded Radio Show	A Heavy Metal Song	A Jazz band

13 In your own words, state why one of the places in the programme should be given to you, as opposed to someone else.

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14 If there is any further information that you would like to give us, please feel free to use the space below and/or attach a CV. Please do not send CDs you will want returned.

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## Confidential Medical Information

Name:

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(Surname)

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(First Names)

The purpose of identifying the following conditions is to enable tutors to effectively assist students in their learning. By being aware of a condition we are better equipped to eliminate restrictions to a students progress. All information is strictly confidential.

Could you please indicate with a tick if you have ever suffered from or do suffer from any of the following:

- |  |   |
|--|---|
| <input type="checkbox"/> Asthma                                      | <input type="checkbox"/> Sight impairment |
| <input type="checkbox"/> Hearing impairment                          | <input type="checkbox"/> Dyslexia         |
| <input type="checkbox"/> Back problems                               | <input type="checkbox"/> Neck problems    |
| <input type="checkbox"/> Wrist/hand problems                         | <input type="checkbox"/> Arthritis        |
| <input type="checkbox"/> Overuse syndrome                            | <input type="checkbox"/> Tendonitis       |
| <input type="checkbox"/> Colour blindness or other visual impairment | <input type="checkbox"/> Allergies        |
| <input type="checkbox"/> Epilepsy                                    |   |

Do you suffer from any other condition that may make completing this programme difficult?

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## Selection Process

Those short listed may be:

- telephoned
- asked to attend an interview, or
- sent confirmation of acceptance on the programme.

If the programme becomes full we may waitlist you or recommend you to another MAINZ programme.

Unsuccessful applicants will be notified by mail.

### DECLARATION:

I certify that the details of this form are correct and that if accepted for this programme, I will observe such rules and conditions as may be required by Tai Poutini Polytechnic.

Signed \_\_\_\_\_

Dated \_\_\_\_\_

### IMPORTANT NOTE:

Please return this questionnaire, along with:

- the completed enrolment form
- an updated Curriculum Vitae (if poss)
- certified copies of qualifications/transcripts
- any demos of your work that you wish to submit on CD
- a certified copy of your birth certificate/passport
- 2 passport photos

### Please forward to:

Enrolments Officer  
 MAINZ  
 P.O. Box 90 113  
 Auckland Mail Centre