



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

Certificate in DJ and Electronic Music Production Information Record

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)*

2 Please list any **work** experience you have had in the last five years:

3 Please state, in detail, any past **DJ** experience that you have had (eg. Weddings, school balls, birthday party, etc) and any methods you have used to gain knowledge in the area of **DJing or Electronic Music Production**

5 Please list your previous computer experience and the software packages you have used.

6 Please list two tracks 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	Comments

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

Mobile DJ		Studio Sound Engineer		Music Producer	
Recording Artist		Radio DJ		Radio Production	
Club DJ		Project Studio Operator		Recording Studio Owner	
Jingle Producer		Session Producer		Soundtrack Composer	
Record Label Owner		Song Writer		Beat Producer	
Performer		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	

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

- 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.

Confidential Medical Information

Name:

(Surname)

(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 |

Epilepsy

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

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