



Certificate in Contemporary Music Performance Information Record

**The following questionnaire must be completed and returned to MAINZ
BEFORE an audition can be arranged.**

Name of Applicant: Date:

Address:
.....

Telephone (One): Telephone (Two):.....

Mobile: Email:.....

PREVIOUS MUSICAL EXPERIENCE

- (a) What is/are your **main** instrument(s)? *(Including Vocals)*
- (b) How long have you been playing/singing?
- (c) What method(s) have you used to learn, eg: Individual lessons, DVD's, books, friends?
.....

Band Experience

- (a) Do you play in a band? *(Please Tick)* No Yes
- (b) If yes, detail your most recent band experience (name of band/style of music and dates).

Year	Where	Type of Gigs	Style of Music	Your Instrument

Musical Equipment

(a) What musical equipment do you own and use (drums, acoustic guitar, electric guitar, bass or keyboard etc). Also, list any other gear that you own (such as, amps, effect pedals etc).

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.....
.....

Songwriting

(a) Have you ever written your own songs or written your own music? *(Please Tick)*

No	Yes
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(b) Have you ever recorded any of these? *(Please Tick)*

No	Yes
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If you answered yes, what method(s) did you use to record? *(Please Tick)*

i. Home Studio

What hardware & software did you use? (Mac, Logic, Ableton Live etc)

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ii. Professional Studio

Which studio(s) did you use?

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LEARNING

(a) How do you read music?

Well	Slowly	Barely at all
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(b) How do you learn best?

Listening	Visually	Actively
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AMBITIONS AND DIRECTIONS

(a) What sort of work would you like to do after completing this course?

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(b) Which musicians do you admire?

.....
.....

(c) Which styles of music appeal to you most?

.....
.....

PERSONAL

(a) Do you have any known medical/physical condition that could affect your ability to complete the course? *(Please Tick)*

No	Yes
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(b) If you answered yes, please specify your condition(s)
.....

(c) Are you on any medication to control your condition(s) *(Please Tick)*

No	Yes
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(d) If you answered yes, please specify
.....

(e) Are you prepared to abide by a strict no alcohol, no drugs policy on campus and no smoking in the building? *(Please Tick)*

No	Yes
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(f) Can you point to some achievement that shows you have “commitment?”
.....
.....

Audition:

Once your application is completed you will receive a letter stating your audition day/time and information to help you prepare. The audition is a thorough process and **will** determine the result of your application.

Signed by the Applicant: **Date:**