**2020 MAGNIFY PROGRAM**

**Parent/Guardian Consent to Application**

This form MUST be completed for all students and submitted as part of the student’s application to participate in the Magnify Program.

The student’s application to participate in the Magnify Program will not be considered unless this signed form is provided.

**Program outline / Key Details**

* The Magnify Program will run from Monday 11 January 2020 to Friday 15 January 2020. The hours for the program will be 9:30am to 4pm, with a concert on Friday 15 January 2020 from 6pm to 7pm.
* Students attending must be aged between 15 and 18 years to attend.
* All BHI staff interacting with students have valid employer appropriate Working with Children checks, have current First Aid qualifications, have undergone Police Checks and are compliant with BHI’s Childsafe policy;
* The cost of the Magnify Program will be $450 (inc GST) per student.
* Entry into the program is by audition and will be capped at 25 students.
* All activities are governed by the relevant policies of BHI. These policies can be provided upon request

The contact person for BHI for the program will be Tamara Murphy, Associate Lecturer – Music, [tamara.murphy@boxhill.edu.au](mailto:tamara.murphy@boxhill.edu.au)

**Audition Video**

Students applying to take part in the Magnify Program will be required to submit an audition video as part of their application. The video will be used for the entry assessment and for no other purpose.

The video will be viewed by BHI staff and used to assess the applicant’s skill level. All videos will be stored in accordance with BHI’s privacy policy.

By submitting signing this parent/guardian consent form, you confirm that you consent to the video being provided to BHI and viewed by BHI staff for the purpose outlined above.

**Student details**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First name: | | |  | | | | Initial: |  | | Surname: | | |  | | | | |
| Address: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | |
| Suburb: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | Post code: | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| School attended: | | | |  | | | | | | | Year level: | | | |  | | | | | |
| Student contact email\*: | | | | |  | | | | | | | | | Gender: | | |  | | |
| Student contact phone\*: (if applicable) | | | | | |  | | | | | | Date of birth: | | | |  | | | | | |

**Acknowledgement & Consent**

Please tick the boxes to confirm your agreement with the following statements:

|  |  |
| --- | --- |
| I consent to the student named in this document applying to participate in the Magnify Program |  |
| I consent to the student’s audition video being viewed by BHI staff for the purpose outlined in this document |  |

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Signature Date