

MAGNIFY MUSIC CAMP WINTER 2024

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 8th July to Friday 12th July 2024. The hours for the program will be 9:30am to 4pm Monday-Thursday, with a concert on Friday from 6pm to 8pm.
- Students must be aged between 14 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 35 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

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.

MAGNIFY MUSIC CAMP WINTER 2024

Parent/Guardian Consent to Application

Student details

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 Music Program

I consent to the student's audition video being viewed by BHI staff for the purpose outlined in this document

<input type="checkbox"/>
<input type="checkbox"/>

Signature

Date