



## PERFORMING ARTS EARLY OFFER PROGRAM 2018 SCHOOL REFERENCE FORM

**INSTRUCTIONS:**

Applicants please complete page 1.  
 Music / Drama teacher or Year 12 Coordinator please complete page 2 and include school stamp.  
 Please use BLOCK/CAPITAL letters, indicate with "N/A" where questions are not applicable and tick squares  where appropriate.

**To be completed by applicant**

**1. Personal details**

Title	Surname/Family name	First name	Second/Middle name
<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
Number and street <input style="width: 90%;" type="text"/>			
Town/Suburb	<input style="width: 80%;" type="text"/>	State/Country	<input style="width: 80%;" type="text"/> P/Code <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Telephone	<input style="width: 80%;" type="text"/>	Email	<input style="width: 80%;" type="text"/>
NESA* Student Number	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Date (dd/mm/yyyy)	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> • <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> • <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>

**2. School**

School Name	<input style="width: 80%;" type="text"/>	Telephone	<input style="width: 20px;" type="text"/> <input style="width: 80%;" type="text"/>
School address – Number and street <input style="width: 90%;" type="text"/>			
Town/Suburb	<input style="width: 80%;" type="text"/>	State/Country	<input style="width: 80%;" type="text"/> P/Code <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>

**3. Course details**

Course applying for

**4. Please state in a few words why you would like to study the selected course.**

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Student Name	Signature	Date
<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> • <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> • <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>

\*NESA - NSW Education Standards Authority

**NOMINATION FORMS CAN BE MAILED TO**  
 Excelsia College  
 69-71 Waterloo Road  
 Macquarie Park, NSW 2113  
**Alternatively it can be sent via e-mail to**  
**bobby.abraham@excelsia.edu.au**

**To be completed by Music / Drama teacher or Year 12 Coordinator**

This recommendation will be considered along with Year 11 reports and Year 12 results to date.

This reference provides important information about the student's personal qualities.

**1. Personal profile**

Please indicate your assessment of the student's qualities/attributes.

	High	Medium	Low		High	Medium	Low
Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Team work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2. Estimation of academic ability:**

Above average     Average     Below average

**3. Other comments (as necessary)**

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Music / Drama teacher or Year 12 Coordinator (name)

Signature

Date


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School stamp

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