

# 2019 Education & Community Engagement

## INTERNATIONAL ARTIST MASTERCLASS PROGRAM

ARTIST	INSTRUMENT	TIME / DATE / VENUE
ANDREAS OTTENSAMER	CLARINET	5.30 – 7.30PM / THUR 2 MAY 2019 / UWA

APPLICANT DETAILS:	
First Name:	Surname:
Date of Birth:	Contact Number:
Address:	
Suburb:	Post Code:
Email:	
Number of Years Studying Instrument (Total):	
Instrumental Teacher:	Teacher Contact Number:
Teacher Email:	
School/Tertiary Institution:	Year of Study (e.g. Year 11, 1 <sup>st</sup> Year, Honours)
Course:	
If applicant is under 18, please complete the following additional information:	
Parent / Guardian Name:	
Parent / Guardian Contact Number:	
Parent / Guardian Email:	

Are you currently, or have you previously, participated in any of the following examination boards:

EXAMINATION BOARD	HIGHEST LEVEL COMPLETED	GRADE AWARDED
AMEB		
ABRSM		
TRINITY		
OTHER (PLEASE NAME):		

Are you currently, or have you previously, been a participant of any of the following programs?

PROGRAM	DETAILS / YEAR
WASO International Artist Masterclass	
WA Youth Orchestra	
WAYO Philharmonic Orchestra	
Other WAYO Programs	
Australian Youth Orchestra (AYO)	
AYO National Music Camp	
Other AYO Programs	
Other Community Orchestras / Ensembles / Choirs	

## PROPOSED MASTERCLASS PROGRAM

---

Participants may elect to do a number of works (maximum of 2), or a single work. A maximum of 30 minutes (including discussion and workshop/rehearsal) will be allocated to each performer. Please note, proposed programs will be confirmed on offer of position into masterclass.

PROPOSED MASTERCLASS PROGRAM	
Title of Work (1):	
Composer:	
Duration:	AMEB Grade (or equivalent):
Title of Work (2):	
Composer:	
Duration:	AMEB Grade (or equivalent):

ACCOMPANIST DETAILS	
Name:	Contact Number:
Email:	

## APPLICANT CONFIRMATION

---

I confirm that I have read and understand the requirements of 2019 International Artist Masterclass Program, in particular in relation to deadlines, selection process, engagement of accompanist as required and dates/times/venue of event.

Signed:	Date:
---------	-------

### Where the applicant is under 18:

I confirm that I support the application and prospective participation of .....  
(*applicant full name*) in the 2019 WASO International Artist Masterclass Program. I have read and understand the requirements of the program, in particular in relation to deadlines, selection process, engagement of accompanist (where required) and dates/times/venue of event.

Signed:	Date:
Name:	Relationship:

## OTHER

---

Please attach to this application a photograph and brief biography (maximum 150 words) outlining performance (solo and ensemble) experience, details of awards received, professional and musical goals. Please note, this may be edited to meet publishing requirements if selected, however this will be advised where appropriate.

APPLICATIONS CLOSE:       **4PM, FRIDAY 12 APRIL 2019**  
APPLICANT ADVICE:       **WEEK COMMENCING MONDAY 22 APRIL 2019**

### PLEASE RETURN APPLICATION TO:

Fiona Taylor  
Education Manager  
Email: [taylorf@waso.com.au](mailto:taylorf@waso.com.au)

For any queries, please email as above, or call 9326 0022.