



National Institute
of Dramatic Art

NIDA



**NSW Department of Education
The Arts Unit**

2018 NSW PUBLIC SCHOOLS STATE DRAMA FESTIVAL

PRIMARY DRAMA WORKSHOPS 2018

To accompany the 2018 Drama Festival, The Arts Unit will run specialist Drama workshops for interested primary students and schools. These workshops will be held before and after the 2018 Drama Festival Primary Schools Matinee on Thursday 25 October at the Seymour Centre from 9:30-10:30am and 2.00-3.00pm cost \$15.00 per student (including GST).

All workshops will be led by professional practitioners from our Festival partners, NIDA.

PRIMARY WORKSHOP DETAILS (choose one)

It's All in the Timing: The Art of Clown

Through creative play learn how to discover physical comedy through falls, rolls, slapstick, exits, entrances, costumes, and wigs. Find the game in the moment with the other performer and discover your clown the only way you can which is by being in front of an audience. Learn to connect to your truth in the moment and be brave enough to follow your nose not knowing where it will take you.

Imagine If: Playbuilding

Be inspired by the motion in the picture and the sound of the brush stroke as you create stories for performance inspired by famous and fascinating works of visual art. Work with a NIDA tutor to experience the foundations of drama through play building. Develop your improvisation skills and learn how to sculpt your ideas into a performance with your fellow collaborators.

Off the Cuff: Improvisation

Explore the art of improvisation and adventure into the unknown! This is one of the most important tools an actor has in their toolkit. Learn how to create stories on the spot, how to accept offers and develop characters. Finally bringing all of your skills together you will create narratives in response to different stimulus material.

We encourage students to attend the workshops in order to enhance and extend their Drama skills, mix with lots of other students who are also engaged in creative play and for the sheer fun of it!

For further information, please go to www.artsunit.nsw.edu.au/drama/state-drama-festival. If you have any questions, please feel free to contact us.

Tel 8512 1175 Email drama.artsunit@det.nsw.edu.au



DRAMA FESTIVAL PRIMARY WORKSHOPS 2018

Thursday 25 October 2018

The Seymour Centre

Individual Student Application Form

Student Name: _____

School: _____

School Year in 2018: _____ Gender: _____

Have you previously attended a workshop at The Arts Unit in 2018: Yes* No

**As a previous attendee you are not required to complete the medical forms on Page 4 & Page 5*

School Address: _____

Suburb: _____ Postcode: _____

School Phone: _____ School Fax: _____

Home Address: _____

Suburb: _____ Postcode: _____

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Home Phone: _____ Mobile: _____

Workshops: Morning 9.30–10.30 am **OR** Afternoon 2.00pm–3.00pm

Workshop Styles: (please rank 1-3 your preferred workshops)

The Art of Clown

Playbuilding

Improvisation

Costs: **\$15.00 per student** (including GST)

Please Note: NO REFUNDS will be given to participants who withdraw from the workshop within SEVEN DAYS of the commencement of that workshop.

The following forms are due by TUESDAY 16 OCTOBER 2018



DRAMA FESTIVAL PRIMARY WORKSHOPS 2018

Friday 26 October 2018

The Seymour Centre

PUBLICITY CONSENT FORM

I hereby consent to my child/ward, _____ being photographed, recorded, and/or filmed.

I understand that photographs, recordings and/or films may be used for NSW Department of Education’s publications, external publications, internet sites, print and electronic mainstream media, television and or other associated promotional material or by sponsors of the DEC program in which the photograph, recording and/or film was taken. I understand that my child/ward may be identified by name and their school with their image on any of these media forms.

I hereby consent to my child/ward (or participant as above) being interviewed by a media representative that has been organised and supervised by officer(s) of the Department of Education.

Please complete this form and return with the rest of this package. If you wish to discuss this matter further please contact Jane Simmons, Student Drama Officer, The Arts Unit on telephone 8512 1175.

Parent/Guardian’s Name: _____

Parent/Guardian’s Signature: _____ Date: ____ / ____ / 2018

TRAVEL INFORMATION

Please indicate the mode of transport to and from workshops and list the names of travel companions (if any).

Workshop Venue: The Seymour Centre – Corner of City Road & Cleveland Street, Chippendale

<p>Travel to Rehearsal:</p> <p><input type="checkbox"/> Private Car <input type="checkbox"/> Car Pool</p> <p><input type="checkbox"/> Public Transport <input type="checkbox"/> Walk</p> <p><input type="checkbox"/> Other _____</p>	<p>Travel from Rehearsal:</p> <p><input type="checkbox"/> Private Car <input type="checkbox"/> Car Pool</p> <p><input type="checkbox"/> Public Transport <input type="checkbox"/> Walk</p> <p><input type="checkbox"/> Other _____</p>
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Travel Companions (if any): _____

The following forms are due by **TUESDAY 16 OCTOBER 2018**



DRAMA FESTIVAL PRIMARY WORKSHOPS 2018

Friday 26 October 2018

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MEDICAL INFORMATION FORM

Student Name: _____

School: _____

The information provided below gives relevant medical and other health-care information about the above student, who is currently enrolled to participate in rehearsals and performances for The Arts Unit.

It will be used by officers of the Department of Education to assist planning, to support students, and to minimise risks when conducting rehearsals, performances or other activities.

Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with The Arts Unit or are otherwise involved in the planning or delivery of the rehearsals, performances or other activities; and persons who may be called upon to provide health care treatment or other assistance during or as a consequence of such rehearsals, performances or activities.

Provision of this information is not required by law, but, a failure to provide the information may mean that your child/ward cannot participate in all activities.

Provision of this information will significantly assist The Arts Unit in planning a safer environment for rehearsals and performances. It will be stored securely and used in the fulfilment of our appropriate duty of care for your child/ward. If you have any concerns about providing this information, please contact Jane Simmons (see below) to discuss this further. We respect the fact that some information may be personally sensitive for the individual child/ward.

Please correct or update any personal information provided as appropriate by contacting Drama at The Arts Unit on telephone 8512 1175 or drama.artsunit@det.nsw.edu.au

Medical Details:

Medicare Number: _____ Family Number on Card: _____

Private Health Name: _____ Private Health Number: _____

Doctor Contact Details:

Doctor / Medical Centre Name: _____

Doctor Address or Suburb: _____

Doctor Contact Number: _____

The following forms are due by **TUESDAY 16 OCTOBER 2018**



MEDICAL INFORMATION FORM Cont'd...

Emergency Contact/s Details (nominated by the parent/guardian as an alternative contact):

No 1 Name: _____ Relationship: _____ Mobile: _____

No 2 Name: _____ Relationship: _____ Mobile: _____

List Existing Medical Conditions/Illnesses:

- Diabetes, Migraine Headaches, Epilepsy, Asthma, Allergies, Anaphylactic (please attached Action Plan)

Outline the Treatment to Existing Medical Conditions/Illnesses:

Three horizontal lines for text entry.

Medications to be Administered and any Possible Reactions:

Three horizontal lines for text entry.

Has your child/ward attended a doctor for treatment of any serious illness recently?

No Yes (please explain) _____

Date of Last Tetanus Injection:

Within last 2 years Within last 5 years Within last 10 years Never Unknown

Parent/Guardian's Signature: _____ Date: ____ / ____ / 2018

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Friday 26 October 2018

The Seymour Centre

PARENT/GUARDIAN CONSENT FORM

Student Name: _____

School: _____

I agree to my child/ward's attendance at the program, event or activity to be conducted by The Arts Unit. I have read the [Behaviour Code for Students](#) and agree that my child/ward will comply with The Code at all times whilst participating in the program, event or activity.

I agree that my child/ward may be excluded from further participation in this program, event or activity if the "Behaviour Code for Students" is not adhered to.

I agree that where my child/ward is excluded from further participation in the program, event or activity, then the Department may, at its discretion, arrange for my child/ward to be returned to his or her school or home. Should a decision be made to return my child/ward prior to the completion of the program, event or activity, then I agree to pay for any additional travel expenses that the Department or its officers may incur.

I acknowledge that I have explained the "Behaviour Code for Students" to my child/ward in relation to this activity, and the consequences that may arise should he or she fail to comply with The Code.

If you wish to discuss this matter further please contact Jane Simmons, Drama Performance Officer, The Arts Unit on telephone 8512 1175.

Parent/Guardian's Signature: _____ Date: ____ / ____ / 2018

The following forms are due by **TUESDAY 16 OCTOBER 2018**



**NSW Department of Education
The Arts Unit
ABN 40 300 173 822**

DRAMA FESTIVAL PRIMARY WORKSHOPS 2018

PAYMENT FORM - TAX INVOICE

WBS Code: RDP/206033-01-01-06

Student Name: _____
Home Address: _____
Suburb: _____ Postcode: _____
Parent/Guardian’s Signature: _____ Date: ____ / ____ / 2018

PAYMENT:
Please tick the drama workshop you will be participating in. **Workshop Fees \$15.00 (including GST)**
 The Art of Clown Playbuilding Improvisation

Please make your cheque/money order payable to “**NSW Department of Education” OR**

If paying by credit card, please complete these details:-

Please charge \$ _____ to the following: Visa Mastercard
_____ / _____ / _____ / _____ Expiry Date: _____ / _____

Card Holder’s Name: _____
Card Holder’s Signature: _____
Card Holder’s Mobile: _____

Please return to: Drama, The Arts Unit
Fax: 9569 6878 Email: drama.artsunit@det.nsw.edu.au
Due TUESDAY 16 OCTOBER 2018