



National Institute
of Dramatic Art

NIDA



**NSW Department of Education
The Arts Unit**

2018 NSW PUBLIC SCHOOLS STATE DRAMA FESTIVAL

SECONDARY DRAMA WORKSHOPS 2018

To accompany the 2018 Drama Festival, The Arts Unit will run specialist Drama workshops for interested secondary students and schools. These workshops will be held before and after the 2018 Drama Festival Secondary Schools Matinee on Friday 26 October at the Seymour Centre from 9:00-10:30am and 2.30-4.00pm cost \$20.00 per student (including GST).

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

SECONDARY WORKSHOP DETAILS (choose one)

Already Elsewhere: Physical and Visual Theatre

Explore the exciting world of devising with its infinite possibilities and be the creator of your own imaginative adventure. Learn how to twist and turn your body into shapes, animals, objects and elements. Explore improvisation as a storytelling device and how to craft your physical skills into a final performance through the theme of "Already Elsewhere".

Move to the Music: Musical Theatre

Introduce yourself to the fundamentals of movement in music theatre. Learn dynamic choreography as an ensemble, stylised characterisation and how to create exciting narratives through movement inspired by song.

Tuning your Instrument: Acting Workshop

Discover the fundamentals of acting through the Stanislavski technique and how to tune your instrument as an actor both physically and vocally. Explore scripted scene work and characterisation then learn how to respond effectively to other performers on stage.

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



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DRAMA FESTIVAL SECONDARY WORKSHOPS 2018

Friday 26 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 9.00–10.30 am **OR** Afternoon 2.30pm–4.00pm

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

Physical & Visual Theatre Musical Theatre Acting

Costs: **\$20.00 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): _____

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DRAMA FESTIVAL PRIMARY WORKSHOPS 2018

Friday 26 October 2018

The Seymour Centre

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:

Medications to be Administered and any Possible Reactions:

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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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

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