



2026 APPLICATION FORM (NQ)

PARTICIPANT DETAILS

First Name: _____ Last Name: _____

Date of Birth: _____ Email: _____

Home Address: _____ Best Contact Number: _____

Instrument: _____

PARENT / GUARDIAN DETAILS

First Name: _____ Last Name: _____

Email: _____ Best Contact Number: _____

TEACHER SUPPORT

First Name: _____ Last Name: _____

Email: _____ Signature: _____

LEVEL OF PROFICIENCY

AMEB 2 - 4

AMEB 5+

This is to certify that this student possesses the necessary musical proficiency and commitment to successfully participate in the Queensland Regional Ensemble Program (QREP-NQ).

MEDIA I agree for the use of photos and videos of me to be taken solely for the promotional purpose of QREP.

SHIRT SIZE

XSmall

Small

Medium

Large

X-Large

XX-Large

I have participated before and don't require a QREP shirt

A payment link will be sent via email, at the completion of the application period AFTER placement offers are made.