



DANCEFACTORY

# 2011 Full time & Part time Dance Courses Application Form

Please Affix  
Passport Size  
Photo  
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<b>GENERAL</b>										
<b>First Name</b>					<b>Last Name</b>					
<b>Date of Birth</b>					<b>Age as of 01/01/2011</b>					
<b>How did you hear about Dance Factory? (Please specify)</b>										
<b>Height</b>		<b>Weight</b>		<b>Sex M / F</b> (Please Circle)		<b>Languages Spoken</b>				
<b>Emergency Contacts</b>										
<b>Name</b>			<b>Phone 1</b>			<b>Phone 2</b>				
<b>Course</b>										
What course are you applying for? (please circle your choice – FT - full time, PT- part time)										
<b>Diploma of Dance &amp; Performance</b>				<b>FT</b>		<b>Diploma of Musical Theatre</b>			<b>FT</b>	
<b>Certificate IV in Dance and Performance</b>				<b>FT</b>	<b>PT</b>	<b>Certificate IV in Dance Teaching</b>			<b>FT</b>	<b>PT</b>
<b>Certificate III in Dance</b>				<b>FT</b>	<b>PT</b>	<b>Certificate III in Music Theatre</b>			<b>FT</b>	<b>PT</b>
<b>Certificate II in Dance - day</b>					<b>PT</b>	<b>Certificate II in Dance - night</b>			<b>PT</b>	
<b>ADDRESS</b>										
<b>Street No. &amp; Name</b>										
<b>Suburb</b>						<b>State</b>		<b>Postcode</b>		
<b>Telephone</b>		<b>Home</b>			<b>Mobile</b>			<b>Fax</b>		
<b>Email address</b>										
<b>Health Insurance (Australian Students only)</b>										
Do you currently have private health insurance? (please tick)										
<b>Hospital</b>				<b>Extra</b>				<b>Neither</b>		
<b>OFFICE USE ONLY</b>										
<b>Paid App Fee</b>		<b>Audition Letter</b>		<b>Accept Letter</b>		<b>Paid Deposit</b>		<b>Confirm Letter</b>		
<b>Paid Costume</b>		<b>Austudy Letter</b>		<b>Signed Agree</b>		<b>Payment Plan</b>		<b>Student ID</b>		

**Dance Training**

Please fill in all your previous training; it is not essential to have had prior experience in all these units.

Style of dance	Years of Training	Hours per week	School's name	Teachers
<b>JAZZ</b>				
Age started				
<b>CLASSICAL</b>				
Age started				
<b>FUNK</b>				
Age started				
<b>TAP</b>				
Age started				
<b>SINGING</b>				
Age started				
<b>DRAMA</b>				
Age started				
<b>ACROBATICS</b>				
Age started				
<b>OTHER</b>				
Age started				

**List your other commitments outside of school hours including work and hobbies.**


**Education** (Australian students only)

What is your highest COMPLETED school level? (please tick)

<b>Year 12</b>	<input type="checkbox"/>	<b>Year 11</b>	<input type="checkbox"/>	<b>Year 10</b>	<input type="checkbox"/>	<b>&lt;Year 10</b>	<input type="checkbox"/>
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In which year did you complete that level?

**Please list any completed qualifications**


**Aims**

What do you hope to achieve by doing this course?


**ADVERTISING**

Please sign here to give Dance Factory permission to use your name for advertising and marketing purposes

Signature\_\_\_\_\_

<b>This page for INTERNATIONAL STUDENTS ONLY</b>		<b>Nationality</b>	
<b>Address</b>			
<b>Telephone</b>	<b>Mobile</b>	<b>Fax</b>	
<b>Email Address</b>			
Country of Birth		Citizenship	
Passport Number		Do you have a current VISA? (please circle) <b>Yes / No</b>	
If yes, VISA evidence number		Expiry date	
<b>ENGLISH LANGUAGE PROFICIENCY</b>			
If your first language is not English, have you passed a recognised English language test? (please circle) <b>Yes/ No</b>			
Name the course or Test (ILTS, TOEFL or ELICOS)			
Place Attended	Date	Result	
<b>HEALTH INSURANCE</b>			
Do you have overseas health cover? (Please circle) <b>Yes / No</b>			
If yes, please give	Membership number	Expiry Date	
<b>EDUCATION</b>			
Please provide details of the highest level of education you have reached and attach copies of documentary evidence			

**Dance Factory**  
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[www.dancefactory.com.au](http://www.dancefactory.com.au)

# Medical Examination

This section of the application is to be completed by a medical practitioner

PATIENT'S GENERAL DETAILS			
Surname		First Name	
Height	Weight	Date of Birth	
Sex (please circle) <b>M / F</b>	Blood Pressure (please circle)	Average	Low High
Eyesight (please circle) Good Impaired	Hearing (please circle) Good Impaired		
PATIENT'S MEDICAL HISTORY			
Has the patient ever suffered from any of the following conditions? (please circle)			
Allergies	Arthritis	Asthma	Hepatitis
Glandular Fever	Diabetes	Epilepsy	Heart Disease
Has the patient ever injured or suffered pain in any of the following areas? (please circle)			
Ankles/Feet	Knee	Hamstring	Groin
Back	Neck	Shoulder	Hip
Is there evidence of any irregularities in the following areas which may affect the patient's ability to dance?			
Musculoskeletal System	Respiratory System	Nervous System	Cardiovascular System
Has the patient ever been hospitalised?		Is the patient currently taking any medication?	
If you have circled any if the above please give details			
Do you consider the patient capable to undertake full time dance training? (26hrs p/week)			<b>Yes / No</b>
Do you consider the patient capable to undertake part time dance training?(10hrs p/week)			<b>Yes / No</b>
If not, please provide more details			
Name of Doctor (Please Print)			Date / /
Signature		Contact Phone Number	
Registration No.			