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Full time & Part time Courses

Student Application Form



DANCEFACTORY

FIRST NAME

LAST NAME

ADDRESS

Street No. & Name

Suburb

State

Postcode

PHONE NUMBERS

Mobile

Home

Email Address:

DATE OF BIRTH:

ex. DD/MM/YYYY

AGE:

GENDER: ☐ Female ☐ Male ☐ Other

HEIGHT:

WEIGHT:

EMERGENCY CONTACTS:

NAME

Phone 1

Phone 2

1)

Which course/s are you applying for? (please tick your choice)					
COURSE	FULL TIME	PART TIME	COURSE	FULL TIME	PART TIME
CUA20120 Certificate II in Dance			CUA51520 Diploma of Professional Dance (Elite Performance)		
CUA30120 Certificate III in Dance			CUA50220 Diploma of Musical Theatre		
CUA40120 Certificate IV in Dance			CUA50320 Diploma of Dance Teaching & Management		
CUA40320 Certificate IV in Dance Teaching & Management					
When would you like to commence?			Year	Term	
Are you currently in Australia? <input type="checkbox"/> YES <input type="checkbox"/> NO (PLEASE TICK)			If so, which state?		

	DANCE TRAINING Please fill in all your previous training; it is not essential to have had prior experience in all these styles.			
Style of dance	Years of Training	Age Started	School's name	Teachers
JAZZ				
BALLET				
HIP HOP				
TAP				
SINGING				
DRAMA				
CONTEMPORARY				
OTHER (specify):				

How did you hear about Dance Factory? (please specify)

LANGUAGE & CULTURAL DIVERSITY

In which country were you born? (Please tick) ☐ AUSTRALIA ☐ OTHER

If other, please specify:

Town/City of Birth:

Are you of Aboriginal or Torres Strait Islander origin? (Please tick)

☐ NO ☐ YES, ABORIGINAL ☐ YES, TORRES STRAIT ISLANDER

(For persons of both Aboriginal & Torres Strait Island tick both)

DISABILITY

Do you consider yourself to have a disability, impairment or long-term condition?

(please tick) ☐ YES ☐ NO

If yes, please tick the areas of disability, impairment or long-term condition:

(you may indicate more than one area)

Hearing ☐ Learning ☐ Medical Condition ☐
Physical ☐ Mental Illness ☐ Acquired Brain Impairment ☐
Intellectual ☐ Vision ☐

Other (please specify)

Do you foresee any difficulty in undertaking the tasks associated with your course? ☐ YES ☐ NO

If yes, please state those difficulties.

SCHOOLING

What is your highest COMPLETED school level? (Please tick) Do not include the year in which you are currently enrolled.

Year 12 <input type="checkbox"/>	Year 9 (or equivalent) <input type="checkbox"/>
Year 11 <input type="checkbox"/>	Year 8 (or lower) <input type="checkbox"/>
Year 10 <input type="checkbox"/>	Never attended school <input type="checkbox"/>

In which year did you complete that school level?

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Name and Address of last school attended:

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Was this completed in Victoria? (Please tick) ☐ YES ☐ NO

If no please specify which state or country

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Are you still attending secondary school? (Please tick) ☐ YES ☐ NO

PREVIOUS QUALIFICATION ACHIEVED

Have you SUCCESSFULLY completed any of the following qualifications?

Do not include any qualifications completed as part of VCE years 11 and 12 or qualifications not yet completed.
(Please tick one) ☐ YES ☐ NO

If yes, please tick ANY applicable option. If no, please continue to next question

Certificate I <input type="checkbox"/>	Certificate II <input type="checkbox"/>
Certificate III (or Trade Certificate) <input type="checkbox"/>	Certificate IV (or advanced Certificate/Technician) <input type="checkbox"/>
Advanced Diploma or Associate Degree <input type="checkbox"/>	Bachelor Degree or Higher Degree <input type="checkbox"/>
Certificates other than the above <input type="checkbox"/>	

Name and Address of last educational institution attended

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*Please provide copies of statements of attainment; statements of completion or certificates/diplomas pertaining to the above

EMPLOYMENT

Of the following categories, which best describes your current employment status?

(Tick ONE option only)

Full-time employee <input type="checkbox"/>	Part-time employee <input type="checkbox"/>
Self-employed (not employing others) <input type="checkbox"/>	Employer <input type="checkbox"/>
Employed (unpaid worker in a family business) <input type="checkbox"/>	Unemployed (seeking full-time work) <input type="checkbox"/>
Unemployed (seeking part-time work) <input type="checkbox"/>	Not employed (not seeking work) <input type="checkbox"/>

STUDY REASON

Of the following categories, which best describes your main reason for undertaking this course? (Please tick)

To get a job <input type="checkbox"/>	It was required of my job <input type="checkbox"/>
To develop my existing business <input type="checkbox"/>	I want extra skills for my job <input type="checkbox"/>
To start my own business <input type="checkbox"/>	To get into another course of study <input type="checkbox"/>
To try for a different career <input type="checkbox"/>	For personal interest or self-development <input type="checkbox"/>
To get a better job or promotion <input type="checkbox"/>	
Other reasons <input type="checkbox"/> (Please state)	

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PRE TRAINING REVIEW

As part of your pre-training review process, you are required to complete the following language, literacy and numeracy (LLN) exercises.

Aims

What do you hope to achieve by doing this course?

How well do you speak English? (Please tick) ☐ Very Well ☐ Well ☐ Not Well ☐ Not at All

Do you speak a language other than English at home? (Please tick) ☐ Yes ☐ No

If yes, please specify

Exercise 1

Simone's study aspirations are outlined below. You are required to read the following and answer the questions.

Simone is 20 years old, she has been dancing since she was 3 and wants to pursue a career in musical theatre. She is outgoing, friendly and loves to paint and play piano in her spare time. Simone is looking to develop the appropriate training in musical theatre to increase her skills so she enrolls in a 1 year full time musical theatre course to gain a qualification.

QUESTIONS:

1. How old was Simone when she started dancing?

2. How old is Simone now?

3. What does Simone like to do in her spare time?

4. What is the duration of the full time course Simone wants to attend?

Exercise 2

You were taught 4 x 8 counts of choreography, now the teacher removes 1 x 8 counts of choreography, how many counts in total will you now need to dance? **ANSWER:**

Exercise 3

You are required to purchase 3 tickets for your end of term performance; each ticket costs \$40, tick how much you need to pay in total for your 3 tickets

☐ \$100 ☐ \$120 ☐ \$180

☐ I have completed this form myself

NAME

SIGNATURE

DATE

/ /

APPLICATION FEE

Application fee of \$100 can be paid by: EFTPOS, credit card or Bank Transfer to Dance Factory's account:
BSB: 063 166 Acc No: 10024887 **PLEASE NOTE** Fees are non-refundable.

If you would prefer us to debit your credit card, please provide details below.

Type of card

Card number

Exp Date

Name on card:

Signature:

Amount to be debited

\$100

Verification No:

INTERNATIONAL STUDENTS

FOR ANYONE REQUIRING A STUDENT VISA TO STUDY IN AUSTRALIA

PASSPORT DETAILS

Country of Birth	<input type="text"/>	Nationality	<input type="text"/>
Town or City of Birth	<input type="text"/>		
Country on Passport	<input type="text"/>	Passport Number	<input type="text"/>

Do you have a current VISA? (please tick) ☐ YES ☐ NO

If No, Immigration office for VISA application

EDUCATION AGENT

Will you be using an education agent to help you with your application/enrolment/visa? (please tick) ☐ YES ☐ NO

Agents' Name	<input type="text"/>	Company Name	<input type="text"/>
Email address	<input type="text"/>	Phone Number	<input type="text"/>

HEALTH INSURANCE

Do you have overseas health cover? (please tick) ☐ YES ☐ NO

If yes, please give: Name of Fund

Membership number	<input type="text"/>	Expiry date	<input type="text"/>
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Do you speak a language other than English at home? (please tick) ☐ YES ☐ NO

If yes, please specify

How well do you speak English? (please tick)

Very Well	<input type="checkbox"/>	Well	<input type="checkbox"/>
Not Well	<input type="checkbox"/>	Not at All	<input type="checkbox"/>

Is English your first language? (please tick) ☐ YES ☐ NO

If your first language is not English, have you passed a recognised English language test? ☐ YES ☐ NO

Name of the course or Test (ie IELTS, TOEFL or ELICOS)

Place Attended

Date Result

FOR OFFICE USE ONLY:

PAID APP FEE		AUDITION REQUIRED		AUDITION SATISFACTORY	
COURSE ACCEPTED FOR					
ADDITIONAL COMMENTS					
PRE TRAINING REVIEW					
LLN					
AUDITION					
INTERVIEW					

Dance Factory
225 Swan St, Richmond Vic 3121
Ph: 03) 9429 9492
RTO No: 3746
CRICOS Provider No: 01884F
EMAIL: dancefac@netspace.net.au
WEBSITE: www.dancefactory.com.au