

Please Affix Passport Size Photo

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**FIRST NAME**

**LAST NAME**

**ADDRESS**

**Street No. & Name**

**Suburb**

**State**  **Postcode**

**Country**

**PHONE NUMBERS Mobile Home**

**Email Address:**

**DATE OF BIRTH: /** **/** ex. DD/MM/YYYY **AGE:**

**SEX:  Female Male Other**

**HEIGHT: WEIGHT:**

**EMERGENCY CONTACTS:**

**NAME** **Phone 1** **Phone 2**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Which course/s are you applying for? (please tick your choice) Student can apply for a student visa with up to 4 courses | | | | |
| **COURSE** | **FULL TIME** | **COURSE** | | **FULL TIME** |
| CUA20113 CERTIFICATE II IN DANCE |  | CUA40313 CERTIFICATE IV IN DANCE TEACHING AND MANAGEMENT | |  |
| CUA30113 CERTIFICATE III IN DANCE |  | CUA50213 DIPLOMA OF MUSICAL THEATRE | |  |
| CUA40113 CERTIFICATE IV IN DANCE |  | CUA50313 DIPLOMA OF DANCE TEACHING AND MANAGEMENT | |  |
| **When would you like to commence?** | | **Year** | **Term** | |
| **Are you currently in Australia?  YES  NO**  **(PLEASE TICK)** | | **If so, which state?** | | |

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| --- | --- | --- | --- | --- |
| **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** | **Hours per week** | **School’s name** | **Teachers** |
| **JAZZ** |  |  |  |  |
| Age started |  |  |  |  |
|  |  |  |  |
| **BALLET** |  |  |  |  |
| Age started |  |  |  |  |
|  |  |  |  |
| **HIP HOP** |  |  |  |  |
| Age started |  |  |  |  |
|  |  |  |  |
| **TAP** |  |  |  |  |
| Age started |  |  |  |  |
|  |  |  |  |
| **SINGING** |  |  |  |  |
| Age started |  |  |  |  |
|  |  |  |  |
| **DRAMA** |  |  |  |  |
| Age started |  |  |  |  |
|  |  |  |  |
| **CONTEMPORARY** |  |  |  |  |
| Age started |  |  |  |  |
|  |  |  |  |
| **OTHER** |  |  |  |  |
| Age started |  |  |  |  |
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| **How did you hear about Dance Factory?** (please specify) |
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|  |

**PASSPORT DETAILS**

**Country of Birth Nationality**

**Town or City of Birth**

**Country on Passport Passport Number**

**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 Company Name

Email address Phone Number

**HEALTH INSURANCE**

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

**If yes, please give: Name of Fund**

**Membership number Expiry date**

**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)

**SCHOOLING**

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

Year 12 **** Year 9 (or equivalent) ****

Year 11 **** Year 8 (or lower) ****

Year 10 **** Never attended school ****

**In which year did you complete that school level?**

**Name and Address of last school attended:**

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

**If no please specify which state or country**

**PREVIOUS QUALIFICATION ACHIEVED**

**Have you SUCCESSFULLY completed any of the following qualifications?**

Do not include any certificates completed as part of VCE years 11 and 12 or not yet completed.

**(**Please tick one) **YES NO**

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

Certificate I ** **Certificate II ****

Certificate III (or Trade Certificate) **** Certificate IV (or advanced Certificate/Technician) ****

Advanced Diploma or Associate Degree **** Bachelor Degree or Higher Degree ****

Certificates other than the above ****

Name and Address of last educational institution attended

\*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 **** Part-time employee ****

Self-employed (not employing others) **** Employer ****

Employed (unpaid worker in a family business) **** Unemployed (seeking full-time work) ****

Unemployed (seeking part-time work) **** Not employed (not seeking work) ****

**STUDY REASON**

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

To get a job **** It was required of my job ****

To develop my existing business **** I want extra skills for my job ****

To start my own business **** To get into another course of study ****

To try for a different career **** For personal interest or self-development ****

To get a better job or promotion ****

Other reasons **** (Please state)

## **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? |
|  |
|  |
|  |

**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 **** Well ****

Not Well **** Not at All ****

**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**

***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 enrols 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 $50 can be paid by:** cash, cheque, EFTPOS or credit or Direct Debit 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:

$50

Signature: Amount to be debited Verification No:

## **FOR OFFICE USE ONLY:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PAID APP FEE |  | PRE TRAINING REVIEW COMPLETED |  | LLN COMPLETED |  |
| AUDITION REQUIRED |  | SENT AUD LETTER |  | CONFIRMED AUDITION TIME |  |
| INTERVIEW REQUIRED |  | AUDITION SATISFACTORY |  | SENT ACCEPTANCE LETTER |  |
| COURSE ACCEPTED FOR | |  | | | |
| ADDITIONAL COMMENTS | | | | | |
| PRE TRAINING REVIEW | | | | | |
| LLN | | | | | |
| AUDITION | | | | | |
| INTERVIEW | | | | | |

## Dance Factory

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CRICOS Provider No: 01884F

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