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INTERNATIONAL STUDENTS FULL TIME DANCE COURSES Application Form & Pre Training Review



FOR ANYONE REQUIRING A STUDENT VISA TO STUDY IN AUSTRALIA

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

1)

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
CUA20120 CERTIFICATE II IN DANCE		CUA50220 DIPLOMA OF MUSICAL THEATRE	
CUA30120 CERTIFICATE III IN DANCE		CUA50320 DIPLOMA OF DANCE TEACHING AND MANAGEMENT	
CUA40120 CERTIFICATE IV IN DANCE		CUA51520 DIPLOMA OF PROFESSIONAL DANCE (ELITE PERFORMANCE)	
CUA40320 CERTIFICATE IV IN DANCE TEACHING AND 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	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				
How did you hear about Dance Factory? (please specify)				

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 ☐ NOIf 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	<input type="checkbox"/>	Learning	<input type="checkbox"/>	Medical Condition	<input type="checkbox"/>
Physical	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>	Acquired Brain Impairment	<input type="checkbox"/>
Intellectual	<input type="checkbox"/>	Vision	<input type="checkbox"/>		

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	<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?

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	<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

*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 ☐ (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	<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

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:**

Bank Transfer to Dance Factory's account: BSB: 063 166 Acc No: 10024887 **PLEASE NOTE** Fees are non-refundable.

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					

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