

# DANCE FACTORY

Please Affix  
Passport Size  
Photo  
Here

## 2010 Full time Dance Courses Application Form



<b>GENERAL</b>									
<b>First Name</b>					<b>Last Name</b>				
<b>Date of Birth</b>					<b>Age as of 01/01/10</b>				
<b>How did you hear about Dance Factory? (Please circle)</b>									
Internet		Dance Train		Dance Australia		Word of mouth		Other? (please specify)	
<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 tick)									
<b>Certificate III in Dance</b> (Intermediate standard)		<b>Certificate IV in Dance Teaching</b> (Intermediate/Advanced standard)		<b>Certificate IV in Dance &amp; Performance</b> (Advanced standard)		<b>Diploma in Dance &amp; Performance</b> (Only available to Dance Factory students with certificate IV)			
<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>									
Paid App Fee		Audition Letter		Accept Letter		Paid 1 <sup>st</sup> term		Confirm Letter	
Paid Costume		Austudy Letter		Signed Agree		Student ID			

## 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"/>
----------------	--------------------------	----------------	--------------------------	----------------	--------------------------	--------------------	--------------------------

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**

4-10 Yorkshire St, Richmond Vic 3121  
P.O Box 4119, Richmond East Vic 3121  
Ph: 03) 9429 9492 Fax: 03) 9429 8806

[dancefac@netspace.net.au](mailto:dancefac@netspace.net.au)

[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 to undertake full time dance training? (26hrs p/week)		<b>Yes / No</b>	
Do you consider the patient 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.			