

# APPLICATION FORM 2018

\*Please complete all sections of the following form and return to ACPA.

\*Please attach a passport photo to your application.



## Section A

Personal Details							
Given Name:				Surname:			
Address:						Male <input type="checkbox"/>	Female <input type="checkbox"/>
Suburb:		State		Post Code		Date of Birth	
Phone Numbers	Home:	Mobile:		Other:			
Email:							
Are you of Aboriginal and/or Torres Strait Islander origin?							
<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal & Torres Strait Islander							
Were you born in Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No				If no, in which Country were you born?			
What language is spoken at home?							

Emergency Contact <i>(a family or friend we can contact in case of an emergency)</i>	
Name:	
Contact Number:	Email:

How did you hear about us?

## Section B

Education
What is the highest level of education you have completed?
In what year did you complete?
<input type="checkbox"/> Did not go to school <input type="checkbox"/> Primary School <input type="checkbox"/> Did not attend High School <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 12 <input type="checkbox"/> Tafe/University <input type="checkbox"/> Other <i>(please list)</i>
Are you still attending High School? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, which school?

**Performance Experience**

Please list your training and experience (including cultural) in any of the following:

Dance:

Singing/Music/Instruments:

Acting/ Theatre:

**Which genre/s will you be auditioning in?** Dance Music Acting**Employment Status**

Full time		Part time/Casual		Employer	
Unemployed- Looking for work		Unemployed- Not looking for work		Self Employed	
Other:					

**Section C****Participation Reason**Which BEST describes your main reason for undertaking this training program? *(please tick only one box)*

To get a job		To develop my existing business	
To start my own business		To try for a different career	
To get a better job or promotion		It was a requirement for my job	
I wanted extra skills for my job		To participate in new study	
For personal interest		For self-development	

Other reasons: (please list)

## Section D

### Health

Please identify any medical issues which may affect your ability to undertake your studies (dance, acting, music)

Hearing       Vision       Medical Condition       Intellectual       Chronic Illness

Physical       Learning       Acquired Brain Impairment       Mental

Other \_\_\_\_\_

Do you have any permanent disabilities?       Yes       No

If Yes, please list: \_\_\_\_\_

### Terms and Conditions of ACPA application progressing to enrolment:

It is the responsibility of the applicant to:

- a. Disclose all health conditions. This is a pre-condition of acceptance into enrolment and a condition of ongoing enrolment and or provision of support
- b. Sign below that information in this application is complete and correct

### Declaration

I hereby declare that the information given on this form is complete and correct:

Signature:	Date:
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**If under 18 years of age, this form must be signed by a parent/guardian to complete this application**

Parent/Guardian Signature:	Date:
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Parent/Guardian Name (please print):

Email:	Contact Number:
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\*Please visit our website to download the student handbook which contains the Aboriginal Centre for the Performing Arts policies and procedures. <http://www.acpa.edu.au>