Supplementary Application Form: Dance Teaching and Management | 2016



Diploma of Dance Teaching and Management

This course incorporate	es the Certificate IV (Dance	Teaching and Managen	nent) (DANC4)
National Code: CUA40	313, CUA50313 BHI Code	: DAND5, DANC4 VTA	C Code: 5100451104
☐ I would like a fac	e 2 face audition		

I would like to submit my audition electron	ically (Video or	image port	folio)				
Applicant Details	Mr Mrs	Ms Mis	s 🗌 (Please 🛂	any boxe	es on this f	orm as required)
Have you ever studied at Box Hill Institute before? Y	′es 🗌 No 🗌	20	015 VTA	AC ID (If a	applicable)		
Family Name			First Name				
Date of Birth			Age as of 1st of Jan. 2016 Male Female				
Are you an Australian Citizen? Yes No*	*Not a Citizen: A	re you a Perm	nanent F	Resident?	Yes N	No* = *If No	, please contact International on (03) 9286 942
Address							
Address					Post Code	е	
Email					Preferred phone number		
Completing year 12 VCE this year? Yes No No	Already passed y	vear 12 VCE?	Yes 🗌	No 🗌	If yes, year:		
I am a mature age student (I am/will be 21 years of	age or over, as o	f January 1, 2	016) Ye	es 🗌 No			
Do you hold a qualification equal to or higher than t	the one you are n	now applying f	or? Ye	es 🗌 No			
Educational Background (Please list all high school	and tertiary insti	itutions atten	ded.)				
Name of School	City/State	Att	Attended		Date of Graduation	Major Course or Degree (if any)	
Name of School		From	U	Intil	(approx)		major Course of Degree (if driy)
Dance Training (Please list details of Dance teacher	s you have studie	ed with.)					
Name of Teacher	Address				Attended	d	Dance level
Name of feather			F		n	Until	Dance level

Describe your experience with Ballet:			
Describe your experience in teaching or a	ssistant teaching:		
Describe in detail other dance styles you h	nave studied:		
Goals: Briefly describe where you would li	ke your dance training to lead you and wh	nat you hope to achieve from this course.	
Please return this form and all accomp BY EMAIL:	panying paperwork via one of the fol BY POST:	lowing ways: IN PERSON:	
Save pdf on your computer Use file menu to attach pdf to email and return to: creativeindustries@boxhill.edu.au	Centre for Creative Industries Box Hill Institute Private Bag 2014 Box Hill VIC 3128	Centre for Creative Industries Building W1, Room 124 1000 Whitehorse Road Box Hill VIC 3128	OFFICE USE ONLY Cashier's register code: Onestop transaction: 998 (B CCI GENRL—1390 GST exempt)
Disability Liaison Service (DLS) If you have a disability or a medical condition your individual support needs. Box Hill Inst			
DLS, immediate support cannot be guaran 9286 9894 or 9286 9893. If you require ass as soon as possible so that the necessary arr	teed. It is the applicant's responsibility to istance during the application process (e.g.	make the DLS aware of their support nee . AUSLAN interpreting at interview, scribe fo	ds. The DLS can be contacted on or entry test) please contact the DLS

Your Privacy: please see www.boxhill.edu.au/privacy