





**SECTION D: PHOTOGRAPH**

Attach a full length photograph of yourself. For females we recommend tight fitting leggings/bike shorts and a crop top, singlet top or leotard. For males we recommend tight fitting leggings/shorts and a singlet top. This requirement assists our physiotherapy team in making a muscular skeletal assessment to determine suitability for the course.

**Glue side view photograph  
here**

Attach a full length photograph of yourself. For females we

**Glue front view photograph  
here**



**SECTION F: MEDICAL INFORMATION**

We realise that physical training at a high level is likely to lead to students suffering some injuries. NICA collects your medical information to assess and minimise the risk of serious injury occurring to you during the course of your enrolment at NICA. Your medical information will only be used by NICA staff relevant to your course and will be kept strictly confidential. You can access and/or update your medical information by contacting the Business Manager. **If you do not provide your medical information, you will not be permitted entry into the course.**

The following questions must be completed by a General Practitioner or Physical Therapist who has known you for at least 5 years. **The responses must be provided on letterhead from the practitioner and attached to this application or completed on this application accompanied by a practitioner's stamp.** They must complete each question. In cases of chronic illness/ injury we may require further medical reports from relevant health specialists. Please include any medical reports, x-rays or MRIs undertaken in the last 5 years with your application.

1) Has the applicant suffered any muscular-skeletal injuries in the last 5 years? Please list and describe. Disclosing an injury will not automatically exclude them from entry to this course.

2) Has the applicant required and received any treatment or surgery for any injuries in the last 5 years? Please list and describe.

3) Is the applicant currently suffering from any muscular-skeletal injuries? Please list and describe.

4) Do you believe that there is any reason the applicant would not be able to withstand the rigours of physical circus training combined with academic or other studies? Please describe.

5) What is the applicant's BMI (Body Mass Index)?

6) Is there a history of any of the following?

Minor physical or psychological illness (describe below)  Eating disorders  Performance anxiety  Depression

Major physical or psychological illness (describe below)  Self-harm  Dependence on medication  Allergies

Other:

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**PRACTITIONER'S  
STAMP  
Applications without  
this stamp will not be  
considered**

Applicant name: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Doctor's signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Please print)

**SECTION G: APPLICANT'S DECLARATION**

I declare that to the best of my knowledge the information entered on this form is correct and complete.

I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my academic or employment records or citizenship status may result in the withdrawal by the University of a place which may be offered, and that this withdrawal may take place at any stage during the course I undertake.

I understand that:

- My information may be disclosed to relevant government agencies and bodies (eg: DEEWR, Office of Skills Victoria) and in some cases other non-government bodies, agencies or other third parties to enable Swinburne to confirm my identity, eligibility to government support, to verify my entitlement to become an enrolled student and to otherwise progress my application;
- Confirmation of study and results from previous or current study for the purpose of determining eligibility may be undertaken;
- Swinburne collects, stores and uses personal information in accordance with Swinburne's Privacy Policy which can be accessed at: <http://www.swinburne.edu.au/disclaimer/privacy/>
- The University and NICA will correspond with me by electronic means.

I am aware that if offered a place, I will be asked to undertake a muscular-skeletal examination as directed by staff from the NICA Health Team.

I am aware that I may be filmed and/or photographed during the audition. I agree to have my photograph and/or video footage containing my image taken by NICA for use by NICA for training, assessment and/or marketing purposes.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_(dd/mm/yy)

If you are under 18 years of age, please also ask your parent or guardian to sign the declaration.

Signature of parent/ guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_(dd/mm/yy)

## SECTION H: CHECKLIST

**Before mailing** please tick the boxes below to ensure that the following documents are enclosed:

- Completed and signed application form (note that ALL sections must be completed)
- Proof of completion** of Year 10 **OR** current Year 10 or 11 enrolment
- Certified** copy of your birth certificate or passport
- Two full view photographs of yourself (in profile from the front and the side) and one passport-sized head shot
- Completed Medical Information section (including any x-rays, medical reports or MRIs undertaken in the last 5 years) on letterhead or with practitioner's stamp
- DVD (Only for local applicants who are unable to attend audition – video is not to exceed 45 minutes.)

**NB: Please ensure that you fully complete ALL sections of this application. If you fail to provide full details in any part of this application, it will be returned to you and you will not be considered for selection into the course.**

**Please return the above information and items by Monday 15 September 2014 to:**

Student Administration Officer  
Postal Address  
National Institute of Circus Arts  
Swinburne University of Technology  
144 High Street  
Prahran VIC 3181  
Australia

Hand-Delivery  
National Institute of Circus Arts  
Swinburne University of Technology  
41 Green Street  
Prahran VIC 3181  
Australia

## SECTION J: WHAT TO EXPECT NOW

Successful applicants will be notified of their audition details by email. For further information about the application process, please contact NICA on +613 9214 6975 or [info@nica.com.au](mailto:info@nica.com.au)

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