



## Certificate III in Circus Arts (22073VIC) (For Year 11 or 12 entry in partnership with VCASS)

#### Application for Admission for 2015 Enrolment

#### Applications close: Monday 15 September 2014 DVD applications close Monday 22 September 2014

Applications received after the closing date will be considered subject to the availability of places.

Complete Sections A, B, C, D, E, G and H Section F must be completed by a medical practitioner that has known you for at least five years. Please use BLOCK LETTERS. Please attach a certified copy of your birth certificate or passport. Please attach proof of completion of Year 10 OR current Year 10 or 11 enrolment

## SECTION A: PERSONAL DETAILS

itle: (Mr, Mrs, Miss, Ms) Australian Citizen: Yes No (Certified copy of passport or birth certificate must be attached)																											
Surname (Family name):																											
	lf your (e.g. d									ing or	the the	transo	ript o	of you	r exar	ninati	on res	ults, p	pleas	e atta	ch ap	prop	riate l	egal do	ocume	nt	
Date of Birth:		Day Month Year Age at 01/01/15								5	Glue passport size head shot here																
Sex: (please tick)		F	ema	le			Male	9																			
Height in cms:							Wei	ght i	n kg	IS:			][														
Mailing Address:																											
	Stree		me an City	d Nur	nber	UR	Posta	Box	Num	ber									s	State				Post	code		
Residential Address: If different from above	Stree	et Nar	me an	d Nur	nber																						
	Subu	rb / C	City																s	tate				Pos	tcode		
Home State (Australia)																											
Telephone (Home):	(area	a cod	e)																								
Applicant Mobile:																											
Parent/Guardian Mobile:																											

Office use only State:

Date application received

Information entered into Database / /

Ranking:

Selection Decision:

Physiotherapist approval

Date applicant notified of outcome / /

Applicant Email: NICA will use this address for all correspondence																						
Parent/Guardian Email:																						
Have you completed Year 10 or equivalent? Yes No If Yes, in which year?																						
Year in 2014: Year 10 Year 11 Year 12																						
Are you currently or have you previously been enrolled in a program at NICA? Yes No Year If Yes, please provide year/s and details:																						
Have you attended a NICA Pre Audition workshop or Serious Circus Course? Yes No Year If Yes, please provide year/s and details:																						
How did you hear about NI	CA a	uditi	ions'	?											 	 		 	 	 	 	
SECTION B: AUDI	SECTION B: AUDITION DETAILS																					
Please tick your preferred a	auditi	on c	optio	n:																		
NICA, Melbourne Friday, 3 October 2014						]			(Ap	oplio	Applic cants ceptic	who	o cai				tion		]			
Applicants should read the NICA Local Audition Guide - Certificate III in Circus Arts 2015 document to familiarise themselves with the skill requirements for attendance at an audition. Applicants wishing to apply by DVD please make sure you read and follow the instructions in the NICA DVD Audition Guide - Certificate III in Circus Arts 2015. Both documents are available on the NICA website at <u>http://www.nica.com.au/Certificate-III-in-Circus-Arts-pm-14.html</u>																						

Have you auditioned for NICA before? If so, what year/s?

# SECTION C: WHY DO YOU WANT TO DO THIS COURSE?

Please briefly describe:

1. why you wish to participate in this course:

2. your study/career plans after completing secondary school:

## 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.

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Glue side view photograph here Attach a full length photograph of yourself. For females we	Glue front view photograph here

## SECTION E: RELEVANT TRAINING AND EXPERIENCE

Please briefly outline your background, including dates and details of past and current physical training and performance experiences. These may include activities such as circus, sport, dance, physical theatre, gymnastics, acrobatics, martial arts, extreme sports, diving, trampoline, etc. Please also note any additional skills such as ability to play a musical instrument, etc.

Year/s (eg 2006-2010)	Employer

#### 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:	

		PRACTITIONER'S STAMP Applications without this stamp will not be considered
Applicant name:		
Doctor's name:(Please print)	Doctor's signature:	Date://
SECTION G: APPLICANT'S DECL	ARATION	

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 decla	ration.			

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 <u>Postal Address</u> National Institute of Circus Arts Swinburne University of Technology 144 High Street Prahran VIC 3181 Australia

<u>Hand-Delivery</u> 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

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