

2019 Intake Audition Application Form

Thank you for your interest in auditioning for NAISDA Dance College's 2019 intake. Please ensure all pages are completed and returned to the Academic Administration Officer at NAISDA.

Applications close on 19th October, 2018. Please attach all necessary documentation including:

- Proof of Aboriginality
- Academic reports
- Medical Assessment
- Current Photo
- Copy of Birth Certificate
- Tax File No.

Personal Details

First Name: _____ Surname: _____ Date of Birth: ____/____/____

Address: _____

Home State: _____ Postcode: _____

Email Address: _____

Telephone Number: _____

Mobile Number: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

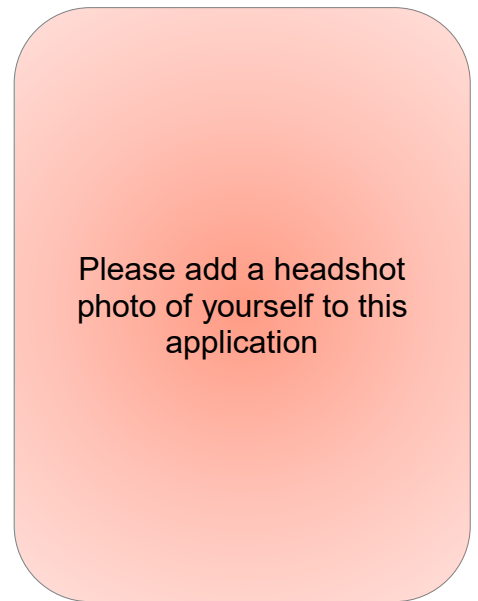
Medicare No: _____

Private Health Insurance Scheme: _____

Private Health Membership Number: _____

Centrelink Customer Reference Number (CRN): _____

Tax File Number (TFN): _____ USI Number: _____



Have you auditioned for NAISDA before? Yes No

If so what year(s)? _____

Have you attended a Garabarra Ngurra Dance camp? Yes No

If so what year(s)? _____

Have you attended a Bangarra workshop/Rekindling? Yes No

If so what year(s)? _____

Have you attended any other NAISDA related workshops? Yes No

If so when and where? _____



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Aboriginal and/or Torres Strait Islander Status (please tick):

- Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander

Write a brief statement about how you found out about NAISDA and why you would like to study at NAISDA:

Have you had any dance training/experience (Cultural, Contemporary, Hip Hop etc.)?

Educational History

What is your highest completed school level? (Tick one option)

- Year 12 Year 11 Year 10 Year 9 or equivalent | Year completed school: _____

Name of High School/Institution attended: _____

Name of Local Aboriginal Land Council: _____

Have you completed any of the following qualifications? (Including those completed while at school)

- Diploma/Advanced Diploma Cert II
 Cert III Cert IV

What course did you study? _____

What year did you complete the course of study? _____

Please attach a photocopy of your certificate/s or record of results.



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Medical Information

(Please ensure you answer the following health related questions):

Do you consider yourself to have a disability, impairment or long-term condition? Yes No

If YES, please indicate by ticking all boxes that apply:

- | | | | |
|--|---|--|-----------------------------------|
| <input type="checkbox"/> Hearing/ Deaf | <input type="checkbox"/> Vision | <input type="checkbox"/> Physical | <input type="checkbox"/> Learning |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Dyslexia |
| <input type="checkbox"/> Acquired Brain Impairment | | | |
| <input type="checkbox"/> Other: _____ | | | |

If you have ticked any of the boxes above, please provide additional information below:

Have you sustained any serious injuries? Yes No

If YES, please indicate the injury type and treatment required:

Please note that disclosing any medical information will NOT automatically exclude you from entry into this course.

Applicant Declaration

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

I am aware that I may be filmed and/or photographed during the Audition and that these images may be used by NAISDA for Training, Assessment and/or Marketing purposes.

Signature of applicant: _____ Date: _____

If the applicant is under 18 years of age, please also ask your parent/guardian to sign.

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ Date: _____

*All documentation should be returned by **Friday 19th October 2018** to:*

The Academic Administration Officer
PO Box 7103
Kariong NSW 2250
m.bonser@naisda.com.au
Toll Free: 1800 117 116 or (02) 4340 3121