



NAISDA Dance College
2019 Application Pack

Dear Applicant,

Thank you very much for your interest in NAISDA Dance College.

We have been at the forefront of Aboriginal and Torres Strait Islander performing arts training for over 40 years. Our graduates encompass all areas of industry and community and are recognised as our country's acclaimed dancers, choreographers, directors, artists, performers and Cultural leaders.

We are delighted to send you the Application Pack to study at NAISDA in 2020. It contains the following three documents:

- NAISDA Application Form
- Confidential Medical Information Form
- ABSTUDY Application Form (SY021)

Please follow this simple process:

- Step One:** Complete and sign the NAISDA Application Form. If you are under 18, signed consent will be required from your parent or guardian as well.
- Step Two:** Ask your doctor to complete and sign the Confidential Medical Information Form.
- Step Three:** Organise:
- A copy of your birth certificate.
 - Copies of your most recent academic certificates or transcripts.
 - A copy of proof of Aboriginality.
 - A recent headshot photo of yourself.
 - Apply for a Tax File Number, if you don't already have one.
 - Apply for a Unique Student Identifier (USI) if you don't already have one.
- Step Four:** Return your completed NAISDA Application Form, the completed Confidential Medical Information Form and the attachments (outlined in STEP THREE) as soon as possible to:
- The Academic Administration Officer*
NAISDA Dance College
PO Box 7103
Kariang NSW 2250
- or email it to auditions@naisda.com.au
- Step Five:** Complete the ABSTUDY Application Form and return it separately to ABSTUDY according to the instructions outlined on page 1 of their form under the heading "Returning your form".

We appreciate that it might take you a little time to gather some of the requested application information, which is why we suggest you begin to collect these documents as soon as possible. We have also included a link below which takes you to useful government websites to help you in your preparation.

The application timescale is as follows:

- 16 August:** Deadline for you to submit your full application with all documents to NAISDA.
- September:** NAISDA will let you know if you are invited to the onsite audition process over a period of 4 days in October

30 September – 3 October: Auditions are held onsite at the NAISDA campus. This is an important opportunity for you to see and experience our campus, ask questions, meet our trainers and talk with some of our current Developing Artists. Accommodation and meals during auditions are provided by NAISDA through ABSTUDY. ABSTUDY will also cover direct flights for you to attend auditions if required. ABSTUDY is independent to NAISDA which is why it is important that you complete and return the ABSTUDY Form to the Department of Human Services separately.

November: Auditionees are informed if they have been successful in gaining a place to study at NAISDA for the following academic year.

We are here to support you with your application and throughout the process. If you have any questions or concerns, please feel free to contact the Academic Administration Officer on (02) 4340 3121, or 1800 117 116 (toll-free), or drop us an email at auditions@naisda.com.au.

It is best that you complete and return your application form as early as possible. Please ensure that you get it back to us before the submission deadline of 16 August 2019.

I'd like to take this opportunity to wish you the very best of luck with your application.

Yours sincerely



Kim Walker
CEO, NAISDA Dance College

We have compiled a list of useful resources to help you with your application. You can find this at www.naisda.com.au/application-resources

2019 Application Form




Please ensure all pages are completed and returned to the Academic Administration Officer at NAISDA by **Friday 16th August 2019** with all attachments.

PERSONAL DETAILS

First Name: _____

Surname: _____

Date of Birth: / /

 Don't forget to attach a copy of your birth certificate!

Address: _____

Home State: _____

Postcode: _____

Email Address: _____

Phone 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): _____


Unique Student Identifier Number (USI): _____



 Don't forget to attach a headshot.

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

Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander

 Don't forget to attach your proof of Aboriginality!

EDUCATIONAL HISTORY


What year did you complete the highest level of your course of study? *(please tick one option)*

Year 12 Year 11 Year 10 Year 9 or equivalent (the year you completed school):

Name of High School/Institution attended: _____

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

Diploma/Advanced Diploma Cert I Cert II Cert III Cert IV

 Don't forget to attach a copy of any Certificates or your most recent transcripts!

What course did you study? _____

What year did you complete the course of study? _____

YOUR PREVIOUS EXPERIENCES WITH NAISDA

How did you find out about NAISDA?

Career Advisor/School Family/Friend Website/Social Media Koori Mail Advertisement

Attended a NAISDA performance or event Other: *(please specify)*

Have you auditioned for NAISDA before?

Yes No Year/Details:

Have you attended a Garabarra Ngurra Dance camp?

Yes No Year/Details:

Have you attended a Bangarra workshop/Rekindling?

Yes No Year/Details:

Have you attended any other NAISDA related workshops?

Yes No Year/Details:

Please provide a brief statement about why you would like to study at NAISDA:

Have you had any dance training/experience (Cultural, Contemporary, Hip Hop etc.)? If so, please provide details of your past training and experience:

MEDICAL INFORMATION



Don't forget to attach your completed Confidential Medical Information form!

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:

- Hearing/ Deaf Vision Physical Learning Acquired Brain Impairment
 Mental Illness Medical Condition Dyslexia Intellectual 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.

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: / /

Final Check – have you attached?

- a copy of your birth certificate
 a headshot photo of yourself
 your Proof of Aboriginality
 a copy of any of your academic certificates/most recent transcript
 your completed Confidential Medical Information form

All documentation should be returned by **Friday 16th August 2019** to:

NAISDA Dance College

The Academic Administration Officer
PO Box 7103, Kariong NSW 2250

or via email auditions@naisda.com.au

If you have any questions or concerns when completing this form, please feel free to contact the Academic Administration Officer
auditions@naisda.com.au

Toll Free: 1800 117 116 or (02) 4340 3121

Confidential Medical Information Form

To be completed by your General Practitioner



This form **MUST** be completed by a General Practitioner. NAISDA Dance College offers strenuous, full-time dance courses. NAISDA collects medical information to assess and minimise the risk of serious injury occurring during study. All disclosed medical information will only be accessed by relevant NAISDA staff and treated as strictly confidential.

Applicant Name: _____

Medical Practitioner's Name: _____

Medical Practitioner's Signature: _____

Date of Examination: / / 2019

Practitioner Stamp

Has the applicant suffered from any muscular-skeletal injuries within the past 3 years?
Please list and describe including any treatment undergone:

Has the applicant had any minor or major surgeries in the past 3 years? Please list and describe below.

Do you believe that the applicant would be able to withstand the physical rigors of elite dance training?

Is there a history of any of the following? *(please tick)*

- | | | | | |
|--|------------------------------------|-------------------------------------|--|--|
| <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Depression | <input type="checkbox"/> Self Harm | <input type="checkbox"/> Dependence on Medications |
| <input type="checkbox"/> Cardiovascular Problems | <input type="checkbox"/> Allergies | <input type="checkbox"/> Asthma | <input type="checkbox"/> Dependence of Drugs/Alcohol | |

Please explain:

Please provide any additional medical history relevant to this application:
