

Please Affix
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Full time & Part time Courses

Student Application Form



DANCEFACTORY

FIRST NAME

LAST NAME

ADDRESS

Street No. & Name

Suburb

State

Postcode

PHONE NUMBERS

Mobile

Home

Email Address:

DATE OF BIRTH:

ex. DD/MM/YYYY

AGE:

SEX: Female Male Other

HEIGHT:

WEIGHT:

EMERGENCY CONTACTS:

	NAME	Phone 1	Phone 2
1)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Which course/s are you applying for? (please tick your choice)

COURSE	FULL TIME	PART TIME	COURSE	FULL TIME	PART TIME
CUA20120 Certificate II in Dance			CUA40120 Certificate IV in Dance & CUA40320 Certificate IV in Dance Teaching & Management		
CUA30120 Certificate III in Dance			CUA51520 Diploma of Professional Dance (Elite Performance)		
CUA20120 Certificate II in Dance & CUA30120 Certificate III in Dance			CUA50220 Diploma of Musical Theatre		
CUA40120 Certificate IV in Dance			CUA50320 Diploma of Dance Teaching & Management		
CUA30120 Certificate III in Dance & CUA40120 Certificate IV in Dance			CUA50220 Diploma of Musical Theatre & CUA51520 Diploma of Professional Dance (Elite Performance)		
CUA40320 Certificate IV in Dance Teaching & Management					
When would you like to commence?			Year	Term	

DANCE TRAINING				
Please fill in all your previous training; it is not essential to have had prior experience in all these styles.				
Style of dance	Years of Training	Hours per week	School's name	Teachers
JAZZ				
Age started				
BALLET				
Age started				
HIP HOP				
Age started				
TAP				
Age started				
SINGING				
Age started				
DRAMA				
Age started				
CONTEMPORARY				
Age started				
OTHER				
Age started				

How did you hear about Dance Factory? (please specify)

LANGUAGE & CULTURAL DIVERSITY

In which country were you born? (Please tick) AUSTRALIA OTHER

If other, please specify:

Town/City of Birth:

Are you of Aboriginal or Torres Strait Islander origin? (Please tick)

NO YES, ABORIGINAL YES, TORRES STRAIT ISLANDER

(For persons of both Aboriginal & Torres Strait Island tick both)

DISABILITY

Do you consider yourself to have a disability, impairment or long-term condition?

(please tick) YES NO

If yes, please tick the areas of disability, impairment or long-term condition:

(you may indicate more than one area)

Hearing Learning Medical Condition
 Physical Mental Illness Acquired Brain Impairment
 Intellectual Vision

Other (please specify)

Do you foresee any difficulty in undertaking the tasks associated with your course? YES NO
If yes, please state those difficulties.

SCHOOLING

What is your highest COMPLETED school level? (Please tick) Do not include the year in which you are currently enrolled.

- | | |
|----------------------------------|---|
| Year 12 <input type="checkbox"/> | Year 9 (or equivalent) <input type="checkbox"/> |
| Year 11 <input type="checkbox"/> | Year 8 (or lower) <input type="checkbox"/> |
| Year 10 <input type="checkbox"/> | Never attended school <input type="checkbox"/> |

In which year did you complete that school level?

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Name and Address of last school attended:

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Was this completed in Victoria? (Please tick) YES NO

If no please specify which state or country

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Are you still attending secondary school? (Please tick) YES NO

PREVIOUS QUALIFICATION ACHIEVED

Have you SUCCESSFULLY completed any of the following qualifications?

Do not include any qualifications completed as part of VCE years 11 and 12 or qualifications not yet completed.

(Please tick one) YES NO

If yes, please tick ANY applicable option. If no, please continue to next question

- | | |
|---|--|
| Certificate I <input type="checkbox"/> | Certificate II <input type="checkbox"/> |
| Certificate III (or Trade Certificate) <input type="checkbox"/> | Certificate IV (or advanced Certificate/Technician) <input type="checkbox"/> |
| Advanced Diploma or Associate Degree <input type="checkbox"/> | Bachelor Degree or Higher Degree <input type="checkbox"/> |
| Certificates other than the above <input type="checkbox"/> | |

Name and Address of last educational institution attended

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*Please provide copies of statements of attainment; statements of completion or certificates/diplomas pertaining to the above

EMPLOYMENT

Of the following categories, which best describes your current employment status?

(Tick ONE option only)

- | | |
|--|--|
| Full-time employee <input type="checkbox"/> | Part-time employee <input type="checkbox"/> |
| Self-employed (not employing others) <input type="checkbox"/> | Employer <input type="checkbox"/> |
| Employed (unpaid worker in a family business) <input type="checkbox"/> | Unemployed (seeking full-time work) <input type="checkbox"/> |
| Unemployed (seeking part-time work) <input type="checkbox"/> | Not employed (not seeking work) <input type="checkbox"/> |

STUDY REASON

Of the following categories, which best describes your main reason for undertaking this course? (Please tick)

- | | |
|---|--|
| To get a job <input type="checkbox"/> | It was required of my job <input type="checkbox"/> |
| To develop my existing business <input type="checkbox"/> | I want extra skills for my job <input type="checkbox"/> |
| To start my own business <input type="checkbox"/> | To get into another course of study <input type="checkbox"/> |
| To try for a different career <input type="checkbox"/> | For personal interest or self-development <input type="checkbox"/> |
| To get a better job or promotion <input type="checkbox"/> | |

Other reasons (Please state)

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PRE TRAINING REVIEW

As part of your pre-training review process, you are required to complete the following language, literacy and numeracy (LLN) exercises.

Aims What do you hope to achieve by doing this course?

How well do you speak English? (Please tick) Very Well Well Not Well Not at All

Do you speak a language other than English at home? (Please tick) Yes No

If yes, please specify

Exercise 1

Simone's study aspirations are outlined below. You are required to read the following and answer the questions.

Simone is 20 years old, she has been dancing since she was 3 and wants to pursue a career in musical theatre. She is outgoing, friendly and loves to paint and play piano in her spare time. Simone is looking to develop the appropriate training in musical theatre to increase her skills so she enrolls in a 1 year full time musical theatre course to gain a qualification.

QUESTIONS:

- 1. How old was Simone when she started dancing?
- 2. How old is Simone now?
- 3. What does Simone like to do in her spare time?
- 4. What is the duration of the full time course Simone wants to attend?

Exercise 2

You were taught 4 x 8 counts of choreography, now the teacher removes 1 x 8 counts of choreography, how many counts in total will you now need to dance? **ANSWER:**

Exercise 3

You are required to purchase 3 tickets for your end of term performance; each ticket costs \$40, tick how much you need to pay in total for your 3 tickets

- \$100 \$120 \$180

I have completed this form myself

NAME	<input type="text"/>
SIGNATURE	<input type="text"/>
DATE	<input type="text"/> / <input type="text"/> / <input type="text"/>

APPLICATION FEE

Application fee of \$50 can be paid by: cash, EFTPOS, credit card or Bank Transfer to Dance Factory's account: BSB: 063 166 Acc No: 10024887 **PLEASE NOTE** Fees are non-refundable.

If you would prefer us to debit your credit card, please provide details below.

Type of card	<input type="text"/>	Card number	<input type="text"/>	Exp Date	<input type="text"/>
Name on card:	<input type="text"/>				
Signature:	<input type="text"/>	Amount to be debited	<input type="text"/> \$50	Verification No:	<input type="text"/>

SUBSIDIES, CONCESSIONS & SCHOLARSHIPS

Students enrolling in a Dance Factory course may be eligible for their fees to be

partially subsidised through the Skills First program. Students who qualify will benefit from substantial savings of up to 80% off normal course prices.

This is not a loan scheme like HECS, it is a subsidy & you are not required to pay anything back.

WHO CAN APPLY FOR SUBSIDIES

Australian or New Zealand citizens, or be a holder of a permanent visa.

Asylum Seekers or Refugees, holder of a valid Bridging Visa Class E, Safe Haven Enterprise Visa, Temporary Protection Visa or Bridging Visa Class F.

Eligible students can enrol in 2 government subsidised courses per year.

To be eligible for further subsidies (concession) you must have:

A Health Care Card Or

A Pensioner Card Or

A Veteran's Gold Card Or

Be a student of Indigenous/Aboriginal or Torres Strait Island descent, Asylum Seeker or Refugee

*Also applies to a dependant spouse or dependant child of card holder of above Or

WHO CAN APPLY FOR A SCHOLARSHIP

Indigenous/ Aboriginal and Torres Strait Island students

If a scholarship is awarded, you do not have to pay the application fee, deposit or tuition fees. Skills First will partially subsidise fees and Dance Factory will subsidise the remainder. You will need to pay for extras which includes a costume levy and tickets for each performance the cost is \$800 per year (4 x \$200 payments)

Advanced scholarships

Students must be advanced in either Jazz, Ballet, Contemporary or Lyrical with at least 4 years training.

Scholarships available are for \$4000 or \$2000 for concession card holders. This amount will be deducted from your tuition fees after subsidies have been deducted.

Male scholarships

Scholarships available are for \$4000 or \$2000 for concession card holders. This amount will be deducted from your tuition fees after subsidies have been deducted.

WHO CAN APPLY FOR A FEE WAIVER

Students from the Judy Lazarus Transition Centre

Young People on community based orders

Students with a fee waiver do not have to pay the application fee, deposit or tuition fees. You will need to pay for extras which includes a costume levy and tickets for each performance the cost is \$800 per year (4 x \$200 payments)

HOW TO APPLY COMPLETE the Application Form.

You may also be eligible for one or more of the following:

Available through Centrelink:

Austudy/Abstudy/Youth Allowance

Tertiary Access Payment

Relocation Scholarship

Education Entry Payment

Pensioner Education Supplement Rent Assistance Fares Allowance



SECTION A – EVIDENCE OF CITIZENSHIP/RESIDENCY

To be completed by an authorised delegate of the training provider – do not leave any section blank.

I confirm that for: (student’s full name)	
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I have sighted ONE of the following:

- | | |
|--|---|
| <input type="checkbox"/> Australian Birth Certificate (not Birth Extract)
<input type="checkbox"/> current Australian Passport
<input type="checkbox"/> Australian Citizenship Certificate
<input type="checkbox"/> Australian Certificate of Registration by Descent
<input type="checkbox"/> confirmation via the Visa Entitlement Verification Online System (VEVO) of permanent residence AND the student’s foreign passport or ImmiCard
<input type="checkbox"/> confirmation that the student meets the eligibility criteria for the Asylum Seeker VET Program. | <input type="checkbox"/> New Zealand Birth Certificate
<input type="checkbox"/> New Zealand Citizenship Certificate
<input type="checkbox"/> current New Zealand Passport
<input type="checkbox"/> current green Medicare card
<input type="checkbox"/> a proxy declaration for individuals in exceptional circumstances as per Clauses 2.13 – 2.17 of the Guidelines About Eligibility |
|--|---|

By either:

- viewing an original; or
- viewing a certified copy; or
- verifying through the Document Verification Service (DVS) [where it is possible to do so, and in accordance with Clause 2.5(c) of the Guidelines About Eligibility]; or
- viewing a digital green Medicare card on a Digital Wallet app on the card holder’s mobile device [in accordance with Clause 2.5(d) of the Guidelines About Eligibility]; or
- relying on evidence sighted and retained as part of a previous enrolment [in accordance with Clause 2.10 of the Guidelines About Eligibility]; or
- verifying through VEVO, and viewing supporting evidence, if required [in accordance with Clause 2.5(e) or (f) or 2.7(a) or (b) of the Guidelines About Eligibility].

And I have retained ONE of the following:

- a copy of the original or certified copy; OR
- the certified copy; OR
- evidence as set out in Clause 2.5(c) of the Guidelines About Eligibility [where verified through the DVS]; OR
- declaration of sighting a digital green Medicare card [as set out in Clause 2.5(d) of the Guidelines About Eligibility];
- evidence as set out in Clause 2.5(e) or (f) or 2.7(a) or (b) of the Guidelines About Eligibility [where verified through VEVO]; or
- declaration of sighting a document where a student has objected to their document being retained [as set out in clause 2.6 of the Guidelines About Eligibility].

NB – If unable to produce original documents , ask for a list of where to get documents certified.

SECTION B – STUDENT DECLARATION

To be completed by the student – don’t leave any question blank unless you are asked to skip a question or go to the declaration. Please ask your training provider for help if you don’t understand a question.

Q1 Write the name of the course/s you’re applying for

Q2 Are you doing, or have you done any other Skills First training in 2024? Tick your response.

- No Yes - write the course name(s) below. Include training you haven’t started yet.

Q3 Are you enrolled in a school, including government, non-government, independent, Catholic or home school? No Yes

Q4 Are you enrolled in the Commonwealth Government’s Skills for Education and Employment program?

- No Yes

Concession

I AM / AM NOT eligible for concessional funding (please circle appropriate response)

Evidence (Please tick appropriate response)

- I am the current holder of, *or*
- dependant of the current holder of:
- A) A health care card
- B) A pensioner card
- C) A veteran's gold card

Scholarships

- I would like to apply for a scholarship and am a student of indigenous/ Aboriginal or Torres Strait Islander descent
- I would like to apply for an advanced scholarship
- I would like to apply for a male scholarship

Fee Waiver

- I would like to apply for a fee waiver and am a student from the Judy Lazarus Transition Centre
- I would like to apply for a fee waiver and am a Young Person on a community based order

Student declaration - read and complete the declaration below.

- I understand that my enrolment may be subsidised by the Victorian and Commonwealth Government under the Skills First Program. I understand my enrolment may affect my eligibility for more Skills First training.
- I understand that the Department of Jobs, Skills, Industry and Regions may contact me to participate in a survey or interview.
- I declare the information in this form is true and accurate.

NAME:	
SIGNATURE:	
DATE:	

SECTION C – TRAINING PROVIDER DECLARATION

To be completed by the training provider – do not leave any sections blank
Program(s) the student is seeking to enrol in (include program code and name):

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Based on:

- the evidence I have sighted and retained in Section A;
- the information the student has provided, including in Section B; and
- any additional information I acquired and recorded in the 'notes' section below;

I confirm the student is eligible for Skills First funding for the program/s listed above because they:

- are an Australian or New Zealand citizen, or permanent resident of Australia, or eligible for the Asylum Seeker VET Program;
- are not enrolled in a school
- will not be:
 - commencing more than 2 Skills First AQF qualifications in the same year
 - commencing more than 2 Skills First Skills Sets in the same year
 - doing more than 2 Skills First programs at the same time; and

Authorised training provider declaration

By signing this declaration, I acknowledge that:

- I am responsible for ensuring that all parts of this form are complete.
- I have reviewed Sections A and B and have confirmed they have been completed in full.

NAME:	
POSITION:	
SIGNATURE:	
DATE:	

NOTES Record additional details or eligibility information, including information you used to verify the student's eligibility that is not captured in Sections A or B. If there are no notes, write N/A

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FOR OFFICE USE ONLY

PAID APP FEE		PRE TRAINING REVIEW COMPLETED		LLN COMPLETED	
AUDITION REQUIRED		SENT AUD LETTER		CONFIRMED AUDITION TIME	
INTERVIEW REQUIRED		AUDITION SATISFACTORY		SENT ACCEPTANCE LETTER	
COURSE ACCEPTED FOR					
ADDITIONAL COMMENTS					
PRE TRAINING REVIEW					
LLN					
AUDITION					
INTERVIEW					

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 CRICOS Provider No: 01884F
 EMAIL: dancefac@netspace.net.au
 WEBSITE: www.dancefactory.com.au