# Postgraduate Application Form for Graduate Certificate of Arts (Social and Community Circus)

## APPLICATION FOR ADMISSION FOR 2008

### GUIDE TO COMPLETING THIS FORM

**Step 1:** Complete all questions, sign and date the application form.

- Please use BLOCK LETTERS.
- Please tick ☑ the appropriate boxes.

**Step 2:** Ensure that you attach **certified copies** of all university results or transcripts, graduation certificates and proof of name and citizenship

- Certified documents must be signed by an authorised person (refer to 'Should I provide supporting documentation') and must include an original signature, the name, address and title of the person signing, and an appropriate registration number. Photocopies of previously certified documents are not acceptable.

**Step 3:** Ensure that you attach a current curriculum vitae.

**Step 4:** Return the completed form and all supporting documentation to:

**Postal Address**
National Institute of Circus Arts
144 High Street
Prahran
Victoria 3181
Australia

**In person**
National Institute of Circus Arts
Building PC, Level Two
Cnr Green and Thomas Streets
Prahran
Victoria

**Step 5:** Ensure that application will be received by **January 31st 2008**

- Applicants should not use display folders when submitting their applications.

### SHOULD I PROVIDE SUPPORTING DOCUMENTATION?

- **Proof of identification** is essential for all applications.
- Copies of supporting documentation may be required depending on your response to Section B: Questions 2 & 7, Section C: Questions 1 & 2 and Section D:Question 1. Supporting documentation must be certified as a true and correct copy of the original by either the issuing body or by those people qualified to accept a statutory declaration e.g. police, chemists, doctors, accountants, notary public (required for international applicants), etc. Certified copies may not be faxed or emailed for this purpose. Further, NICA accepts no responsibility for all documents submitted.
- **Do not submit original documents.**
- Please provide translations of supporting documentation if original documents are in a language other than English.

**Applicants who have obtained an award outside Australia must submit:**

- Evidence of completion of the relevant award, ie: award certificate or letter of completion.
- Transcript/s of results.
- Evidence of English language proficiency, ie: certified copy of IELTS and/or TOEFL test result certificate or evidence that study was undertaken in English.

**Failure to produce the required documents may result in a delay in the processing of your application.**

### WHAT WILL HAPPEN AFTER I LODGE MY APPLICATION FORM?

- A NICA staff member will contact you if you are required to attend an interview or provide additional information to support your application.
- All applicants will be acknowledged and advised on the outcome of their applications.

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## SECTION A: PREVIOUS APPLICATION / ENROLMENT AT SWINBURNE

Have you applied or enrolled at NICA or Swinburne University / TAFE previously? ☐ Yes ☐ No – (proceed to Section B)

**If yes**, please state (a) NICA/Swinburne student ID number: ☐☐☐☐☐☐☐

(b) Program Name: _____

(c) Last year of study at NICA/Swinburne: ☐☐☐☐

## SECTION B: PERSONAL DETAILS

**1. Current Name**

Title (Mr, Mrs, Ms, Dr, Prof, Miss): ☐☐☐☐

Family Name/Surname: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

First Given Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Second Given Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Third Given Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

**2. Previous Name/s**

Provide your previous name in full if your current name is different to that shown on supporting documentation or a previous enrolment at NICA or Swinburne. You must complete all fields (i.e. Family name/surname, first and second given names).

You must attach evidence of your change of name (e.g. marriage certificate, deed poll certificate) to this application.

Family Name/Surname: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

First Given Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Second Given Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Third Given Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

**3. (a) Date of Birth** (dd/mm/yyyy) ☐☐ / ☐☐ / ☐☐☐☐ **(b) Gender** ☐ Female ☐ Male

**4. Contact details**

Home Phone Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Preferred Daytime Contact Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐
(if different to Home Phone Number)

Email address: _____ Fax Number_____

OFFICE USE ONLY

Application received: _____/_____/_____ Application entered on system: _____/_____/_____

Acknowledgement sent _____/_____/_____

Proof of name provided ☐ Yes ☐ No Proof of citizenship provided ☐ Yes ☐ No

Selection outcome: Program code: _____Offer made? ☐ Yes ☐ No – Reason _____

_____ ☐ Pending

Exemptions granted: ☐ Yes Unit of study code(s): _____ ☐ No

Selection officer signature: _____ Date: _____/_____/_____

**5. Postal Address**

Number and Street:

Suburb:

State: Postcode:

Country: (complete if country other than Australia)

Overseas Postcode/Zip:

**6. Home Address**

Same as postal address above (Please tick) ☐ Yes (if Yes, proceed to Q7) ☐ No (if No, complete details below)

Number and Street:

Suburb:

State: Postcode:

Country: (complete if country other than Australia)

Overseas Postcode/Zip:

**7. Citizenship**

**(a) Please tick one of the following. Refer to table below and attach the required supporting documentation**

☐ Australian citizen (includes Australian citizens with dual citizenships)

☐ New Zealand citizen (includes those with Australian permanent residence status)

☐ Holder of an Australian permanent resident visa or humanitarian visa (excludes those who have New Zealand citizenship) – go to Q7(b)

☐ Holder of a citizenship other than Australian or New Zealand citizenship – please state citizenship _____

**(b) If you are a holder of an Australian permanent resident visa or humanitarian visa, please state your visa sub-class number (from passport) _____and state type of visa (if known) _____**

**Required supporting documentation**

| Citizenship status | Provide a certified copy of the following: | Certified copy must include: |
|---|---|---|
| Australian citizen | Birth certificate **or**<br>Passport **or**<br>Certificate of Australian citizenship | Proof of full name |
| New Zealand citizen | Passport | Proof of full name<br>Proof of citizenship |
| Holder of an Australian permanent residence or humanitarian visa | Passport | Proof of full name<br>Permanent resident or humanitarian visa showing Visa Sub-Class Number |
| Holder of a citizenship other than Australian or New Zealand | Passport | Proof of full name<br>Proof of citizenship |

**8. Are you of Australian Aboriginal or Torres Strait Islander descent?** ☐ No ☐ Yes, Aboriginal descent ☐ Yes, Torres Strait Islander descent ☐ Yes, Aboriginal and Torres Strait Islander descent

**9. Were you born in Australia?** ☐ Yes (proceed to Q11) ☐ No, I was born in _____

**10. Year of arrival in Australia**

**11. Is English your first language?** ☐ Yes ☐ No, my first language is _____

**12. (a) Do you have a disability, impairment or long term medical condition?**

(Providing information about a disability will not disadvantage your application. The information is needed for statistical and planning purposes, and to ensure that the University provides appropriate support services to students).

☐ No (proceed to Section D)

☐ Yes – (please tick one or more of the following)

☐ Hearing ☐ Visual ☐ Mobility ☐ Learning ☐ Medical ☐ Other

**(b) If yes**, would you like to receive advice or disability support services which may assist you during your studies? ☐ Yes ☐ No

## SECTION C: EDUCATIONAL HISTORY



**If Questions 1 and 2 of this section are completed you must submit the following documents:**

**(c) Please enter details of the highest level of your secondary studies in the table below**

| Year attempted/ completed e.g.1996 | Name of School | State (if in Australia) | Student Number (if known) | Completed Yes / No |
|---|---|---|---|---|
| | | | | |

**2. POST-SECONDARY EDUCATION**

**List any studies you have completed or attempted at a university, TAFE or other post-secondary institution.**

| Year started | Year completed/ ceased | Institution | Title of Program | Program Type (refer to codes below) | Completed Yes / No |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**Program Types**

**Higher Education**

**PG**: Higher Degree, e.g. PhD, Doctorate, Masters, Post.Grad Diploma/Certificate **BD**: Bachelor Degree (Pass/Honours) **OL**: Open Learning

**DP**: Diploma from a university, C.A.E. or Teachers College (not TAFE) **NA**: Continuing Education/Single unit of study

**TAFE Qualifications**

**CF:** Certificate IV **CD**: Diploma **CA**: Advanced Diploma **CE**: Certificate III **OC**: Apprenticeship, Trade Certificate **CS**: Other TAFE Awards

**Other Qualifications**

**NS**: Hospital Based Nursing **OB**: Short Courses **OA**: Other Academic Award

**3. FIRST AID TRAINING**

**What is your level of First Aid training?**

☐ None

☐ A current First Aid Certificate Level 2

☐ Other (Please Detail)

……..

## SECTION D: EMPLOYMENT HISTORY

**1. Employment Details**

List details of your employment history in the table below and attach a copy of your **curriculum vitae** to this application.

| Start Date (dd/mm/yyyy) | End Date (dd/mm/yyyy) | Employer | Nature of Work | Full-time or Part-time |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**2. Will your current employer be financially supporting your studies?** ☐ Yes ☐ No

(If yes, please provide details below in the event your application is successful).

Sponsoring Organisation: ……..

Contact name for invoicing: ……..

Address: ……...

Telephone: ……..……Fax Number……..…… Email: ……

## SECTION E: REASONS FOR APPLYING

Please provide a brief outline of your reasons for wanting to undertake this program. Please include the benefits you expect to obtain from your studies and your career objectives over the next five years.

## SECTION F: PREVIOUS CIRCUS ARTS EXPERIENCE

Please provide a brief outline of your previous circus and performance experience. Please note you are required to be proficient in basic circus skills.

## SECTION G: APPLICANT'S DECLARATION

I declare 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 NICA and the University of a place which may be offered, and that this withdrawal may take place at any stage during the program I undertake.

I understand that:

- NICA and Swinburne University of Technology is collecting the information in this form for the purpose of assessing my entitlement to Commonwealth assistance under the Higher Education Support Act 2003 and allocation of a Commonwealth Higher Education Student Support Number (CHESSN) to me;
- NICA and Swinburne University of Technology will disclose this information to the Department of Education, Science and Training (DEST) for those purposes;
- DEST will store the information securely in the Higher Education Information Management System;
- DEST may disclose the information to the Australian Tax Office (ATO);
- Personal information may be disclosed to third parties for the purpose of progressing my application;
- My personal information will be collected and used for the purposes set out in the Swinburne University of Technology Privacy Collection Statement (Enrolment) – available to be viewed on the University's web site at: www.swinburne.edu.au/corporate/registrar/privacy_collection.htm
- NICA and the University will correspond with me by electronic means.

Signature of applicant:_____ Date:____/____/_____ (dd / mm / yyyy)

**CHECKLIST – please ensure that**

☐ all sections of the form have been completed.

☐ the applicant's declaration in Section G has been signed and dated.

☐ certified copies of transcripts of results, proof of completion of academic results, change of name, proof of citizenship/residency documents are attached.

☐ a curriculum vitae detailing work experience has been provided.