

## Certificate III in Circus Arts

Course Code: 10110NAT

### Application for Admission for 2017 Enrolment

#### Applications close Friday September 2 2016

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

All sections must be completed.

Section G must be completed by a medical practitioner.

Please use BLOCK LETTERS.

Please make sure you have completed the below checklist before submitting your application. Your application **will not** be considered unless all of the below criteria have been met:

- Completed and signed application form (note that **ALL** sections must be completed)
- Certified\*** copies of all academic results transcripts from previous studies
- Certified\*** copy of your birth certificate or passport
- Two current full view photographs of yourself (from the front and from the side) and one passport-sized headshot
- Medical section (including any x-rays, medical reports or MRIs undertaken in the last 5 years) on letterhead or with practitioner's stamp)
- DVD/USB enclosed if applicable (This only applies to applicants who are unable to attend an audition – not to exceed 45 minutes)
- Application fee of \$50 on attached credit card form or cheque payable to: National Institute of Circus Arts.  
**Note:** *Your application will not be processed with payment.*

#### \*Certified Copies

Documents will not be accepted unless they are **certified copies**. To obtain a certified copy, you must take the original document and a photocopy to an authorised person who will sign and stamp the document **on each page**. You must submit the exact copy that the authorised person signed, not a photocopy or a scanned copy. The most common examples of authorised persons are police officers, medical practitioners and postal managers. For more information on certified documents, visit <https://education.gov.au/guidelines-certification-documents>

#### Please note:

If your application is successful, you will be informed of your progression to the audition phase including specific date and time.



## SECTION B: AUDITION DETAILS

Below is a list of dates and venues for NICA's 2016 Audition Tour. Please plan 9:00am – 5:00pm availability on the date of your audition.

State	Venue	Location	Audition Date
VIC	National Institute of Circus Arts (NICA)	41 Green Street Prahran VIC 3181	Thursday September 15 <sup>th</sup> (Black Flip)
VIC	National Institute of Circus Arts (NICA)	41 Green Street Prahran VIC 3181	Monday September 19 <sup>th</sup> Tuesday September 20 <sup>th</sup>
NSW (Sydney)	Aerialise	7-9 Close St Canterbury NSW 2193	Saturday September 24 <sup>th</sup>
TAS	Slipstream Circus	Flora Street Ulverstone TAS 7316	Monday September 26 <sup>th</sup>
QLD (Brisbane)	Flipside Circus	117 Mina Parade Alderley QLD 4051	Tuesday September 27 <sup>th</sup>
NSW	Spaghetti Circus	Mullumbimby Show Ground, Main Arm Rd, Mullumbimby NSW 2482	Thursday September 29 <sup>th</sup>
WA	WA Circus School	8 Philimore Street Fremantle WA 6160	Sunday October 2 <sup>nd</sup>
SA	Cirkidz	27 Fifth Street Bowden SA 5007	Tuesday October 4 <sup>th</sup>
NT	Corrugated Iron Youth Arts	8/18 Bauhinia Street Nightcliff NT 0814	Thursday October 6 <sup>th</sup>
ACT	Warehouse Circus	4/70 Maclaurin Crescent Chifley ACT 2606	Sunday October 9 <sup>th</sup>

Applicants should read the [Audition Guide for 2017 Entry](#) document to familiarise themselves with the skill requirements for an audition. **Applicants from a remote area wishing to apply by DVD should ensure that all skills are attempted safely.**

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

Have you attended a Pre-Audition Workshop? If so, what year/s? \_\_\_\_\_

## SECTION C: PREVIOUS EDUCATIONAL STUDIES

List below all studies you have completed or attempted). To be considered for the Certificate III in Circus Arts, applicants must have completed Year 10 (or equivalent) and be planning to combine NICA training with Year 11 or 12 studies.

A **certified copy** of a transcript for completion of Year 10 or equivalent must accompany this application. Please see the front page of this application form for details on how to obtain certified copies. **Provisional offers** will be made until result statements are provided. You **will not** be able to commence training at NICA until results are submitted.

Can you continue your studies at CAE in 2017? \_\_\_\_\_

## SECTION D: EMPLOYMENT HISTORY

Please complete the following employment history **relevant to your application**. Write NIL if you have no **relevant** employment history. Attach separate sheets if insufficient space.

Year	Employer	Department or Section	Full or Part-time	Nature of work

**SECTION E: REFERENCES**

Please provide contact details for two industry professionals to be used as referees. At least one reference should be from a gym coach, school drama teacher or circus trainer. Please note that only referees of shortlisted applicants will be contacted.

<b>Name</b>		<b>Name:</b>	
<b>Relationship to Applicant</b>		<b>Relationship to Applicant</b>	
<b>Email Address</b>		<b>Email Address</b>	
<b>Contact Number</b>		<b>Contact Number</b>	
<b>Skype ID</b> (if applicable, this is the preferred method of contact):		<b>Skype ID</b> (if applicable, this is the preferred method of contact):	

**SECTION F: MEDICAL INFORMATION** *this section must be completed by a medical practitioner*

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. **If you do not provide your medical information, you will not be permitted entry into the course.**

The following questions should be completed by a General Practitioner or Physical Therapist who has known you for at least 5 years. If you have not known a single practitioner for at least 5 years, the practitioner who has known you for the longest period of time should complete the questions. **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 the applicant 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 physical rigours of 35 hours/ week circus training for the next 3 years? 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:

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Applicant name: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Doctor's signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Please print)

**SECTION G: MUSCULAR-SKELETAL ASSESSMENT**

Please attach two full length photographs 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.

<p style="text-align: center;"><b>Glue side view photograph here</b></p>	<p style="text-align: center;"><b>Glue front view photograph here</b></p>
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NICA Physiotherapist Assessment Form (applicant to complete)

Name:

Date of Birth:

1. *Previous* injuries, when they happened and what, if any, treatment you received (sprained ankles, muscle tears etc)

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2. Any *current* injuries or treatment you are/were having before coming to NICA

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3. Any injuries or repetitive/strains sprains or pains that come on with over training

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4. Are there any areas you think physiotherapy at NICA can help you with? (e.g. flexibility, core strength, balance etc)

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## SECTION H: APPLICANT'S DECLARATION

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, medical 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 I will be required 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. Please let us know prior to the day if you do not wish to have your image or footage taken

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_(dd/mm/yy)

**If you are under 18 years of age, a parent or guardian must also sign the declaration.**

Signature of parent/ guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_(dd/mm/yy)

## SECTION I: WHAT TO EXPECT NOW

Applicants will be notified of their audition date, location and time by email.

**All applicants should return this form together with all accompanying paperwork to:**

Postal Address  
NICA Audition Team  
National Institute of Circus Arts  
PO Box 1277  
Windsor VIC 3181  
Australia

Hand-Delivery  
NICA Audition Team  
National Institute of Circus Arts  
41 Green Street  
Pahran VIC 3181  
Australia







(b) Can you foresee any challenges? Why?

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4. Can you tell us about your most satisfying performance/competition and what contributed to that?

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5. Please tell us how you handled the pressures of the performance or competition?

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6. Please tell us where you see yourself in 5 years, where would you like to be working?  
How can NICA help you achieve this?

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