

Multicultural Arts Program (MAP) Application Form

Please complete and submit the following application form. Please print CLEARLY These details will not be disclosed to anyone outside CMY and ACCA without the applicant's permission.	
YOUR DETAILS	
Name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth	____/____/____
Cultural background	
Languages spoken other than English	
Address (with postcode)	
Home phone number	
Mobile phone number	
Email address	
How long have you lived in Australia?	
What is your religious or faith background?	
Dietary requirements	<input type="checkbox"/> Nil <input type="checkbox"/> Vegetarian <input type="checkbox"/> Halal <input type="checkbox"/> Allergies <input type="checkbox"/> Kosher <input type="checkbox"/> Other (please state) _____
Have you been involved in a CMY program before?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please state which program) Multifaith Multicultural Mentoring Program, Faith and Culture Forum _____
INTEREST AND EXPERIENCE IN ARTS	
Have you attended an art gallery or theatre before? If so, where?	
Are there any other art activities you currently attend or have attended in the past? If so, what are these?	
What are your general interests?	

EMERGENCY DETAILS (please get a guardian/parent to fill out if under 18):

Name of emergency contact person	
Relationship to applicant	
Emergency contact phone number	
Do you / your child have any allergies or taking any medication (give details)	
Medicare Number	

PHOTOGRAPHY CONSENT FORM:

Do you give permission for ACCA or CMY to take photographs or video footage of you during the project? The photographs and footage will be used to promote similar arts projects for young people.

If you would prefer not to be photographed or filmed that is okay just let us know on this form so we do not include you in the photographs or video footage.

I **do / do not** (please circle) wish to be photographed by CMY and ACCA.
I **do / do not** (please circle) wish to be filmed by CMY and ACCA.

I understand that photographs/video may be used for purposes such as:

- CMY or ACCA website or promotional publications

APPLICANT CONSENT (IF OVER 18 YEARS OF AGE)

Applicant Signature (if over 18 – if under please get your parents to fill out the details below)

_____ (sign)

Applicant Name _____ (print name)

PARENT CONSENT (IF UNDER 18 YEARS OF AGE)

As a parent or guardian, I give permission for my child to attend the above activity :

Parent/ Guardian Name _____ (print name)

Parent's/Guardian's Signature _____ (sign)

PLEASE EMAIL, FAX OR POST THIS FORM BY 27 January 2010 TO CMY.

FAX: (03) 9349 3766 EMAIL: bmckilligan@cmymy.net.au

If you have any questions or would like any more information, please contact Bree McKilligan, Arts and Culture Coordinator. Email: bmckilligan@cmymy.net.au or phone: 9340 3700.

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Presented by:



Participating partners:

