

Multicultural Arts Immersion Application Form

Please complete and submit the following application form. These details will not be disclosed to anyone outside CMY and ACCA without the applicant's permission. Please print CLEARLY	
Name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth	/ /
Cultural background	
Languages spoken other than English	<input type="checkbox"/> Burmese <input type="checkbox"/> Karen <input type="checkbox"/> Chinese <input type="checkbox"/> Mandarin <input type="checkbox"/> Cantonese <input type="checkbox"/> Arabic <input type="checkbox"/> Dinka <input type="checkbox"/> Nuer <input type="checkbox"/> English only <input type="checkbox"/> Other (please state) _____
Do you require a translator?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please state language) _____
Address (with postcode)	
Home phone number	
Mobile phone number	
Email address	
Current Occupation	Studying: <input type="checkbox"/> Full time <input type="checkbox"/> Part time Working: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Not working or studying at the moment
Migration Journey	<input type="checkbox"/> I was born overseas and migrated here <input type="checkbox"/> My parents were born overseas, but I was born here <input type="checkbox"/> I came here as a refugee <input type="checkbox"/> Other (please state)
How long have you live in Australia?	<input type="checkbox"/> 0 – 1 years <input type="checkbox"/> 3 – 4 years <input type="checkbox"/> 1 – 2 years <input type="checkbox"/> 4 – 5 years <input type="checkbox"/> 2 – 3 years <input type="checkbox"/> 5 + years

What is your religious or faith background?	<input type="checkbox"/> Buddhist <input type="checkbox"/> Baptist <input type="checkbox"/> Western Catholic <input type="checkbox"/> Anglican <input type="checkbox"/> Presbyterian <input type="checkbox"/> Coptic Orthodox <input type="checkbox"/> Islam (Sunni) <input type="checkbox"/> Islam (Shi'a) <input type="checkbox"/> Islam (Sufi) <input type="checkbox"/> Nil <input type="checkbox"/> Other (please state)_____
Dietary requirements	<input type="checkbox"/> Nil <input type="checkbox"/> Vegetarian <input type="checkbox"/> Halal <input type="checkbox"/> Kosher <input type="checkbox"/> Other (please state)_____ <input type="checkbox"/> Allergies
Have you been involved in a CMY program before?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please state which program)_____

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	
Language preferred by contact person	
Interpreter required by contact person	
Do you / your child have any allergies or taking any medication (give details)	
Medicare Number	

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)

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)

PLEASE EMAIL, FAX OR POST THIS FORM BY 29th OCTOBER 2008 TO CMY.

FAX: (03) 9349 3766 EMAIL: rball@cmy.net.au

If you have any questions or would like any more information, please contact
Rob Ball, Coordinator Youth Participation (Arts and Environment).
Email: rball@cmy.net.au or phone: 9340 3700.

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Presented by:



acca

Participating partners:



MALTHOUSE
THEATRE

CHUNKY
MOVE