

Aboriginal Education

Aboriginal and Torres Strait Islander Access Scheme

Centre for Aboriginal Studies in Music (CASM) Foundation Year Program

APPLICATION FORM

Please contact the Selection Coordinator, Student Support Officer or CASM Staff member if you would like assistance with completing this form.

CASM PHONE 08 8313 5795
WIRLTU YARLU PHONE 8313 4535
FREECALL HOTLINE 1800 651 763
FREECALL FAX 1800 359 573

Return completed forms to:

The Selection Coordinator
Aboriginal Education - Wirltu Yarlu
The University of Adelaide SA 5005



CENTRE FOR ABORIGINAL STUDIES IN MUSIC (CASM)

CASM APPLICATION FORM

SECTION 1:	PERSONAL INFORMATION	
PERSONAL DETAILS		
Family name	Given name/s	
Preferred name	Gender Male □	Female
Date of birth	1 1	
ADDRESS AND TELEPH	HONE NUMBERS	
Current home address		
Suburb	State	Postcode
Telephone ()	Facsimile ()	Mobile
Email/Hotmail		
Mailing address (if differer	nt from above)	
Suburb	State	Postcode
If you are selected to stud	dy, will your contact details be different whilst you are studying?	Yes □ No □
Study address (if known)		
Suburb	State	Postcode
Telephone ()	Mobile	
EMERGENCY CONTACT	Γ DETAILS (someone we can contact in an emergency)	
Name	Relationship to you	
Address		
Suburb	State	Postcode
Telephone ()	Mobile	Work ()
LANGUAGE		
Do you speak any Aborig	inal languages or a language otherthan English?	Yes □ No □
If YES, please specify:	What language do you usually speak at hon	ne?

CASM APPLICATION FORM 2017 Page 2 of 9

SECTION 2: MUSIC AND PERFORMANCE DETAILS

MUSICAL EXPERIENCE

Do you play a musical instrument/s?	Yes □	No □
If Yes, which one/s?		
Do you sing?	Yes □	No □
Do you sing AND play a musical instrument/s?	Yes □	No □
How long have you been singing or playing music?		
Which main instrument would you like to develop at CASM?		
Voice ☐ Instrument ☐ (Please indicate which one)		
Do you read chord charts?	Yes □	No □
Do you read music (stave notation)?	Yes □	No □
If so, how well do you read music? (Please tick.) Note: The ability to read music is NOT a prerequisite at CASM.		
Fluently Well Moderately	Very Little □	
Do you make up your own music and/or lyrics?	Yes □	No □
If Yes, please tell us about it:		
Have you ever played or sung together with other musicians?	V □	No. 🗆
(e.g in a band, group or choir etc.)	Yes ⊔	No □
If Yes, please give details:		

CASM APPLICATION FORM 2017 Page 3 of 9

PERFORMANCE EXPERIENCE

Have you had any music/dance or other performing experience/s (if any):	Yes □	No □
If Yes, please give details:		
Have you ever performed <u>professionally</u> ? (i.e. paid work) If Yes, please give details:	Yes □	No □
MUSICAL EDUCATION BACKGROUND		
How did you learn music? (give details)		
Have you ever studied music? (give details) eg. School choir, school musical, school band, guitar lessons, music lessons	Yes □ s at school, music	
Do you have any qualifications in music? (give details) eg. Year 12, TAFE certificate	Yes □	No □
MUSICAL INTERESTS		
What music style/s most appeal to you?		

CASM APPLICATION FORM 2017 Page 4 of 9

Have you ever danced with a group?	Yes □	No. □
f Yes, please give details:	100 🗆	NO L
Are you interested in learning more about traditional Aboriginal		
& Torres Strait Islander music and dance?	Yes □	No □
Have you ever been involved in traditional Aboriginal and/or		
orres Strait Islander music and dance?	Yes □	No □
f Yes, please give details:		
SECTION 3: EDUCATION AND TRAINING		
SECTION 3: EDUCATION AND TRAINING	G	
SECTION 3: EDUCATION AND TRAINING PRIMARY AND SECONDARY EDUCATION What level of schooling did you complete?	G	
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Please list the main subjects you studied: (If you completed Year 12 or	G	
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PRIMARY AND SECONDARY EDUCATION What level of schooling did you complete? What year did you complete your schooling? What schools have you attended? Please list the main subjects you studied: (If you completed Year 12 or attained.)	G	
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CASM APPLICATION FORM 2017 Page 5 of 9

		raining Provider (RTP)?	·	∕es □	No □
RTP name:					
Program/s stud	lied*:		`	'ear	
Completed	Yes □	No □			
Have you studi	ed at a Tertiary Institut	ion (University)?	,	∕es □	No □
University nam	e:				
Program/s stud	lied*:		`	⁄ear	
Completed	Yes □	No □			
Have you studi	ed with another Institut	tion not mentioned above?	,	∕es □	No □
Institution name	e:				
Program/s stud	lied*:				
Completed	Yes □	No □			
*Where applic	able bring copies of y	your transcripts to your interv	view.		
-	ertaken the Special Ter	tiary Admissions Test (STAT) to	o gain entryto Universit	y? Yo	es □ No □
SEC HO	N 4: EMPL	OYMENT AND W	VORK EXPE	RIENCE	
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CASM APPLICATION FORM 2017 Page 6 of 9

WORK EXPERIENCE / VOLUNTARY COMMUNITY ACTIVITIES				
Note	: If you have	e a current Resume or CV, please	attach it to your App	olication Form
SEC	CTION 5:	ACCOMMODATION		
If sele	cted will you req	uire accommodation assistance?	Yes □	No □
If Yes,	What type of ac	ccommodation will you be seeking?		
	Share			
	Private renta	l		
	Hostels			
	University su	bsidised (single and share unit accommodat	ion available)	
	College/Adel	aide Uni Village		
	Other (please	e specify)		
SEC	TION 6:	STUDY INTERESTS AND M	IOTIVATION	
SLC	TION 0.	STODI INTERESTS AND IN	OTVATION	
		olain what do you hope to achieve by such detail as you can, and feel free to attac		

CASM APPLICATION FORM 2017 Page 7 of 9

SECTION 7: ATTACHMENTS AND REFEREES

ATTACHMENTS TO SUPPORT YOUR APPLICATION

(ATTACH COPIES ONLY, DO NOT SEND ORIGINALS)

Please note it is an important part of the application process that you attach a selection of the following to your Application, not all items are required, but you **MUST** supply some: (Please tick the items you are attaching)

1 ⊔ C	Curriculum	Vitae or Resume				
2 □ A	A portfolio of your work i.e. songs, poems, sheets of music.					
3 □ E	Examples of your work (such as Videos, Cassettes, CDs, Photos, You Tube clips etc)					
4 □ A	cademic r	esults				
		School results				
		TAFE				
		Community College				
		Work Place Training Certificates				
		University results				
5 □ L	etters of s	•				
		vide more details for any of the quest	ions hy adding e	ytra nages if wish		
о 🗀 п	icase pro-	vide more details for any or the quest	ions by adding c	Xua pages ii Wishi.		
If you hav	e problem	ns in supplying this information please	e contact CASM	or the Selection Coordinator to discuss.		
REFER	ENCES	(You MUST complete this sect	ion)			
		mes and contact details of <u>2 referees</u> d will be kept strictly confidential. Ple		ntacted in relation to your application. All your referees have agreed to act as		
Referee '	1		Referee 2			
Name			Name			
Address			Address			
Phone			Phone			
Email			Email			
(if applica	ıble)		(if applicable)			
Fax			Fax			
(if applica	ıble)		(if applicable)			

CASM APPLICATION FORM 2017 Page 8 of 9

SECTION 8: DECLARATION

- 8.1 I have read and understood the Notice to Applicants on Procedures for Entry under the Aboriginal & Torres Strait Islander Access Scheme.
- 8.2 I understand that to be made an offer to be considered for Entry under the Aboriginal and Torres Strait Islander Access Scheme I must supply a 'Confirmation of Aboriginality' form or other appropriate documentation as outlined in the Notice to Applicants.
- 8.3 I am aware that entry to courses at the University of Adelaide through the Aboriginal & Torres Strait Islander Access Scheme is exclusively for Aboriginal and Torres Strait Islander people and I affirm that:
 - I am of Aboriginal /Torres Strait Islander* descent
 - I identify as an Aboriginal /Torres Strait Islander*
 - I am accepted as an Aboriginal /Torres Strait Islander* person in the community in which I live / lived*
 - * (Please cross out whichever is not applicable)

Applicant name (Please Print):			
Applicant signature:	Date:	1	1

SECTION 9: LODGING YOUR APPLICATION

CLOSING DATE

You can apply for a place in the CASM Foundation Year Program at any time. However, completed application forms are normally considered after 31 January, 30 June and 31 October each year.

CONTACT DETAILS

Please send your completed Application Form with attachments and referee details in the reply paid envelope to:

Selection Coordinator
Aboriginal Education - Wirltu Yarlu
University of Adelaide
Australia 5005

FREECALL HOTLINE 1800 651 763 FREECALL FAX 1800 359 573

If you have any questions about this application or how to complete it, please feel free to ring the Selection Coordinator on 1800 651 763 or CASM staff on (08) 8313 5795.

We will be happy to help you!

CASM APPLICATION FORM 2017 Page 9 of 9