

## 2026 HSC DANCE External Student Application Form

Building A, 213 Pacific Highway  
St Leonards NSW 2065  
www.bradfield.nsw.edu.au  
ask.bradfield@tafensw.edu.au  
Mailing Address  
PO Box 1007  
Crows Nest NSW 1585  
Tel - 7920 4020

### GENERAL INFORMATION

For more information about the HSC Dance course at Bradfield Senior College please visit the website:  
<http://www.bradfield.nsw.edu.au/external-subjects>.

Please email or post your completed application to the college.

Bradfield Senior College issues progress reports for the benefit of students, parents and future employers. If you require this information to be sent to an address other than the one indicated below, please indicate the alternative address.

Late applications will be considered if places still remain on the course.

**Please note that this is a fee-paying course.** Course charges will be advised in December 2025.

### COURSE SELECTION

Please indicate the day that you would prefer to attend classes. Please be aware that we cannot guarantee a place on your preferred day; places will be offered subject to availability.

Year 11 Dance ☐ Monday ☐ Thursday ☐ No preference

Year 12 Dance ☐ Tuesday ☐ Wednesday

### UNIQUE STUDENT IDENTIFIER

A Unique Student Identifier (USI) is required to access your results. Go to [usi.gov.au](http://usi.gov.au) and register and obtain your USI Number to submit with your application.

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### CONTACT/ SCHOOL INFORMATION

Family Name:.....Date of Birth: .....Gender:.....

First Name:..... Middle Name:.....

Address:.....

.....Postcode:.....Home phone:.....Student Mobile:.....

Student Email:.....

Current School:..... NESA Number:.....

In the school year 2026 I will be in Year

School Principal or Deputy Approval? Yes / No School Principal or Deputy Sign:.....

School Contact:..... Position:.....School Phone:.....

Email:.....

**Please note:** Students must be approved by their school before submitting their application to Bradfield Senior College.

## PARENT / GUARDIAN / CAREGIVER DETAILS

**Parent/Carer 1 Primary Contact** (*is always contacted first*) ☐ Resides with student

The primary contact will receive the following communications: **Emails/Academic Reports/Attendance**

**Contact Name:** ..... **Relationship to student:** ..... **Title:** .....

**Contact number:** .....

**Address** (if different): ..... **Post Code:** .....

**Email:** .....

**Alternative Contact (if applicable):** ☐ Resides with student

Indicate which communications they will receive: ☐ Emails ☐ Academic Reports ☐ Attendance

**Contact Name:** ..... **Relationship to student:** ..... **Title:** .....

**Contact number:** .....

**Address** (if different): ..... **Post Code:** .....

**Email:** .....

## AUDITION INFORMATION

**Students are required to attend an audition. You must submit your application to Bradfield Senior College before you attend an audition. If you are unsure if we have received your application, please contact Bradfield Senior College via email [ask.bradfield@tafensw.edu.au](mailto:ask.bradfield@tafensw.edu.au).**

**The first audition will take place at Bradfield Senior College on the 18th September 2025. If students are unable to attend the first audition, a second audition may be organised. You will receive an email with additional details to the ones below.**

### 1) Audition Details

Students will take part in a dance class (2 hours) which will include floor and centre work, progressions and learning a short modern (contemporary) dance sequence. Students will be assessed on dance skills, physical and cognitive potential in dance and genuine interest, self-discipline and commitment.

Students should wear plain, form-fitting dancewear and be prepared to work in bare feet. Hair should be tied back as necessary.

### 2) Interview

**An interview may be included on the day of the audition.** Be prepared to answer questions about your interest in the course and your previous dance experience. **NB** Full-time Bradfield students will be given priority enrolment into this course.

## YOUR PERSONAL DECLARATION

**Student Declaration:** I understand

- That places at Bradfield will be allocated using a competitive selection process.
- That if selected, I am committed to completing the course.
- That my parent(s)/guardian(s)/school will be regularly informed of my progress unless otherwise negotiated.

Further, I declare the following:

- ☐ I am an Australian citizen ☐ I am a New Zealand citizen
- ☐ I am not an Australian or New Zealand citizen, I am a
- ☐ Permanent resident
- ☐ Temporary resident on visa class .....

I certify that the information I have provided on this form is true and correct.

**Signature** ..... **Date** .....

**Signature** (Parent/Guardian/Caregiver) ..... **Date** .....

## MEDICAL DETAILS AND HEALTH CONDITIONS

*It is essential you inform the college before you are enrolled if you have any medical conditions. This must include any known allergies. You should also contact the college as soon as you are aware of any newly diagnosed allergies, other medical conditions or changes to an existing condition. This will assist the college to support your safety and wellbeing and allow planning to occur to determine the best way to meet your individual health and support needs. This is important information for your safe participation at the college.*

Student's Medicare number:.....Student's Medicare card reference number:.....

Medicare card valid to date:.....

Doctor's name/medical centre:.....

Doctor's address (eg 1 High Street, Sydney, NSW, 2000):.....

Doctor's phone number (work):.....

*Please provide the name, address and phone number of any other doctor or medical specialist who may currently be treating your child for any allergy or other medical condition (Including mental health) below.  
Attach an additional page if required.*

Allergy/medical condition	Doctor's name	Address	Telephone

***If you have a documented plan to support any health or medical needs from a previous school or organisation please provide it to the college as an attachment to this form.***

**Allergies – These can include allergies to insect stings, drugs, latex, food (eg nuts, eggs, peanuts) or other**  
*If you have any allergies, please specify in the box below. For this allergy please answer the questions that follow (where applicable). If there is insufficient space below, please attach additional pages clearly marked **Allergies**.  
 For any **additional allergies** you have, please answer the questions below (where applicable) on a separate page for each allergy, clearly marked **Allergies**.*

**Allergy to:**..... **Circle if you have no allergies:** N/A

1. Has a doctor diagnosed this allergy? ☐Yes ☐No
2. Is this a severe allergy (anaphylaxis)? ☐Yes ☐No

***Anaphylaxis is a severe, potentially life-threatening, allergic reaction***

3. Have you been hospitalised with a severe allergic reaction (anaphylaxis) or any other allergy? ☐Yes ☐No
4. If yes, which hospital?.....
5. Do you have an ASCIA action plan (red) for anaphylaxis/allergies? ☐Yes ☐No

***If you have an ASCIA Action Plan you must supply a copy to the college and provide a new one each time the plan is updated.***

6. If yes, is this action plan attached ☐Yes ☐No

7. Have you been prescribed an adrenaline autoinjector (ie EpiPen)? ☐Yes ☐No  
***If you have been prescribed an adrenaline autoinjector, you will need to provide the college with one (and renew prior to expiry date).***  
***Each time you are prescribed a new adrenaline autoinjector the doctor should issue an updated ASCIA Action Plan for Anaphylaxis. It is important that any updated plan is provided to the college.***
8. What is the expiry date of the adrenaline autoinjector that will be provided to the college?.....  
***If not known at the time of completing this form, the college will require this information on enrolment.***
9. Do you have an ASCIA Action Plan (green) for Allergic Reactions? ☐Yes ☐No
10. If yes, is this plan attached? ☐Yes ☐No  
***It is important that any updated plan is provided to the college.***
11. Please list any other medication prescribed for this allergy.

**Medical conditions other than allergies (eg asthma, severe asthma, diabetes, epilepsy, mental health condition)**

*Please identify and provide details below of any other medical condition for which you are being treated. (If more than one condition or insufficient space, please attach additional pages and include the answers to all the questions below clearly marked **Medical Conditions**).*

**Circle if you have no medical conditions: N/A**

**Medical Condition(s):**.....

1. Has a doctor/medical specialist diagnosed this condition? ☐Yes ☐No
2. Have you been hospitalised with this condition? ☐Yes ☐No
3. If yes, which hospital? .....
4. Do you have a documented action plan from a doctor (eg asthma action plan)? ☐Yes ☐No
5. If yes, is this plan attached? ☐Yes ☐No
6. Are you taking prescribed medication for this condition? ☐Yes ☐No
7. If yes, what is the prescribed medication?

***If you have moderate to severe Asthma you must supply the college with an Asthma Action Plan.***

### AUTHORITY TO PUBLISH

This is an agreement between you and Bradfield Senior College/TAFE NSW. Please read it carefully and sign it at the bottom. TAFE NSW would like to be able to quote you and/or use a photo of you and your work in some of its printed and/or electronic promotional material eg, College website, prospectus, marketing flyers and TAFE magazines.

If you sign this release form it means that you agree to the following:

1. TAFE NSW is able to use your information, photo(s) and/or words as many times and in as many ways as it wants. This includes social networking sites such as: Facebook, Twitter and YouTube. A photo of work that you have created may also be published.
2. Your photo(s) may be reproduced in colour or black and white and may be altered, distorted or blurred for design purposes.
3. There is no requirement for the College to discuss with you the specific context in which your photo(s) and/or words appear.

TAFE NSW will not use or disclose your information, words and/or photo(s) for any purpose other than the general promotion of TAFE NSW. Should you agree to the use of your words and/or photo but wish to further restrict that use, please provide details in the box provided below

Your agreement to permit the use of your photo(s) and/or words is greatly appreciated. Any inquiries you have may be directed to the College on 7920 4020.

☐ Yes, I agree for my ☐ Photo(s) ☐ Artwork ☐ Words

☐ No, I DO NOT want my photo(s), artwork or words to be used under any circumstance. It is the student's responsibility to inform teachers/photographers that images/names/words/art work is not to be used.

I have read this release and understand what it means. ☐ Agree

If there are restrictions please give details:

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### COLLEGE CONTACT INFORMATION

**WEB:** [www.bradfield.nsw.edu.au](http://www.bradfield.nsw.edu.au) **PH:** 7920 4020 **EMAIL:** [ask.bradfield@tafensw.edu.au](mailto:ask.bradfield@tafensw.edu.au)