

CASM APPLICATION FORM

This **FORM** must accompany the attached **GENERAL APPLICATION FORM**

CHECK NOW

Have you completed the Wilto Yerlo General application form? Yes No

SECTION 1: PERSONAL INFORMATION

PERSONAL DETAILS

Family name

First name/s

Preferred name

Gender Male Female

Date of birth/...../.....

Place of birth

CONTACT DETAILS

Home address

.....

.....

Home telephone

Mobile

Email/Hotmail
(If you have one)

Second Phone Number

(Different from the one above)

Fax Number

(If you have one)

.....
MUSICAL INTERESTS

What music style/s most appeal to you?

.....
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.....
.....

What music styles do you like to sing or play?

(e.g. Rock, Blues, Country, Reggae, Rap, Dance, House, Classical, Folk etc)

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.....
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.....

Have you ever danced with a group?

Yes

No

If Yes, please give details:

.....
.....
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.....
.....

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 Torres Strait Islander music and dance?

Yes

No

If Yes, please give details:

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.....

SECTION 3: 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 Curriculum Vitae or Resume
- 2 A portfolio of your work
- 3 Examples of your work (such as Videos, Cassettes, CDs, Photos etc)
- 4 Academic results
 - School results
 - TAFE
 - Community College
 - Work Place Training Certificates
 - University results
- 5 Letters of support
- 6 Please provide more details for any of the questions by adding extra pages if wish.

If you are having problems in supplying this information please contact CASM or the Project Officer to discuss.

REFERENCES (You **MUST complete this section)**

Please write the names and contact details of 2 referees who may be contacted in relation to your application. All information provided will be kept strictly confidential. Please ensure that your referees have agreed to act as referees.

Referee 1	Referee 2
Name	Name
Address	Address
.....
.....
Phone	Phone
Email	Email
(if applicable)	(if applicable)
Fax	Fax
(if applicable)	(if applicable)

SECTION 4: SUBMITTING YOUR APPLICATION

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

**SELECTION COORDINATOR
THE CENTRE FOR AUSTRALIAN INDIGENOUS RESEARCH & STUDIES
WILTO YERLO/CASM
UNIVERSITY OF ADELAIDE
AUSTRALIA 5005**

**FREECALL HOTLINE 1800 651 763
FREECALL FAX 1800 359 573**

CHECKLIST

Please make sure the following are enclosed (please tick):

- GENERAL APPLICATION FORM**
- CASM APPLICATION FORM**
- Attachments**
- Referee Details**

If you have any questions about this application or how to complete it, please feel free to ring someone at CASM on the Freecall Hotline.

We will be happy to help you!