

FIRST CALL Fund

APPLICATION FORM

School: DEECD Region or Diocese:

Phone: Fax:

Enrolments P-6: Enrolments 7-12:

Contact Teacher: Contact ph/mobile:

Position: Email:

School address:

Performance or program for which you are applying:

1st Preferred Date & Time: 2nd Preferred Date & Time:

Number of students: Number of Teachers/helpers:

Year Level of students:

Has your school visited the Arts Centre before? _____

Has this group of students visited the Arts Centre before? _____

REGIONAL SCHOOLS: Is your school located in a remote or regional area? Please describe including distance in kms from Melbourne:

SOCIOECONOMIC DISADVANTAGE: What percentage of students from your school receive EMA?

CALD: What percentage of students in this group are from culturally or linguistically diverse backgrounds?

SPECIAL NEEDS: What percentage of students in this group have special needs?

SPECIAL CIRCUMSTANCES: Has your school community been affected by special circumstances such as high local unemployment, drought, flood, bushfire or migration? Please comment.

Yes, I would like to continue booking this performance if I am unsuccessful in receiving FIRST CALL funding.