



# 2019 application for admission to the BVA (Honours) program

**Application due date:** 11 January 2019

A late fee of \$120 applies for applications received after this date.

## Personal Details

Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>	Residential Address:	
First Name:	Suburb:	Post Code
Middle Name:	Postal Address (if Applicable)	
Surname:	Suburb	Post Code
Previous Name (if applicable):	Mobile:	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	Home Phone:	Work Phone:
Date of Birth:	Email:	

## Proof of Identity

Please submit a certified copy of one of the following identity documents (or present the original to Administration for sighting)	Passport <input type="checkbox"/> Driver's licence <input type="checkbox"/> Birth certificate <input type="checkbox"/> Other <input type="checkbox"/>
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## Citizenship

Country of Birth:	Year arrived in Australia:	Are you an Australian Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>
Language Spoken at home:	If not are you a permanent resident? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Are you of Aboriginal descent? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Torres Strait Islander <input type="checkbox"/> Aboriginal <input type="checkbox"/>
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## Disabilities

Do you have a disability, impairment or long term medical condition? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please indicate areas of impairment:
Hearing <input type="checkbox"/> Learning <input type="checkbox"/> Mobility <input type="checkbox"/> Vision <input type="checkbox"/> Medical <input type="checkbox"/> Allergies <input type="checkbox"/> Mental Health <input type="checkbox"/>
Other <input type="checkbox"/> .....
If Yes, would you like to meet with a staff member to discuss the support services, equipment and facilities that may assist you? Yes <input type="checkbox"/> No <input type="checkbox"/>

## Your Education

Have you completed year 12? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what year was it completed:
Secondary School you attended:	
Highest level of education completed (ie year 11, Cert IV, Diploma of Arts, Assoc. Degree etc):	
Name of highest tertiary qualification achieved (if applicable):	Year completed:
Tertiary institution where qualification was completed:	

## Your Parents' Education\*

What is the highest level of education COMPLETED by your parent/guardian? (tick one)	
<b>Parent/Guardian 1:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No parent/guardian	<b>Parent/Guardian 2:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No parent/guardian
<input type="checkbox"/> Postgraduate qualification (eg. Grad Dip, Masters, PhD)	<input type="checkbox"/> Postgraduate qualification (eg. Grad Dip, Masters, PhD)
<input type="checkbox"/> Bachelor Degree	<input type="checkbox"/> Bachelor Degree
<input type="checkbox"/> Other post-school qualification (eg. Diploma, apprenticeship)	<input type="checkbox"/> Other post-school qualification (eg. Diploma, apprenticeship)
<input type="checkbox"/> Completed year 12 schooling	<input type="checkbox"/> Completed year 12 schooling
<input type="checkbox"/> Completed Year 10 schooling but not Year 12	<input type="checkbox"/> Completed Year 10 schooling but not Year 12
<input type="checkbox"/> Didn't complete Year 10 schooling	<input type="checkbox"/> Didn't complete Year 10 schooling
<input type="checkbox"/> Don't Know	<input type="checkbox"/> Don't Know

\*The Australian Government Department of Employment, Education and Workplace Relations requires this information for statistical purposes.

## Emergency Contact Details

Contact 1:	Relationship:	Contact 2:	Relationship:
Phone Number:		Phone Number:	



## Project Proposal

Please attach a 500 word outline of the area of research (studio practice) you intend to pursue.

The purpose of the Project Proposal is to:

- give a clear indication of your particular research topic or question
- demonstrate your capacity to translate ideas into studio led research
- show a capacity for understanding the relationships between your studio practice, theories, techniques, materials, processes and the historical, cultural and contemporary contexts relevant to your practice

Your Project Proposal should:

- be clear and concise
- outline your research objectives
- state what methods, processes and materials you intend to use
- state what expertise you will develop
- state what, if any, specific resources will be needed
- include a bibliography of key literature and other material which will inform your research direction (the bibliography is not included in the word count)
- follow the Oxford referencing style

All applicants will be invited to attend an interview. If your application is successful, the Project Proposal will inform your direction of study and will be modified and developed into a Research Proposal that includes a substantial theoretical analysis of studio practices, theories, and traditions in art that are relevant to your own work.

## Application Support Material Checklist

- Project Proposal
- Certified transcript of academic records, including evidence of completing undergraduate degree in visual art (or equivalent qualification) with a credit average or higher.
- Between 5 – 9 jpeg images (300kb – 1mb in size) on a disc or USB showing a range of recent work relevant to the Project Proposal.  
Note: Video performance excerpts should be no more than 2 minutes.
- CV containing details of any exhibitions, grants, awards, experience since graduation which are relevant to the Project Proposal.

**The information provided on this form and in the attached support material is true, accurate and authentic.**

**Signed:** .....

**Date:** ...../...../.....

*Office use only:*

Application received by:	Initial:	Date:
Date:	NOTES:	