**GENERAL INFORMATION**

The Open Training Program (OTP) aims to provide a safe training space for NICA students, staff, graduates and other circus professionals. As such, individuals and groups wishing to utilise the facilities must have their application approved and adhere to the conditions of use outlined below.

**Applications are welcome from the following groups:**

* NICA graduates
* CircaNICA performers
* Current short course staff
* Adults currently enrolled in a NICA short course at an advanced level
* Circus practitioners who are able to satisfy competency in their area of practice
* People over the age of 16 who are able to show advanced skill levels

**After Hours Availability**

* After hours training is only available through an application to the Open Training Program (OTP) and is only available at the following times:
	+ Monday-Thursday 5:30pm-8:30pm, and;
	+ Saturday 9:30am-3:30pm
* During preproduction, show times or times when the NCC is unavailable as a training space, the OTP may be restricted.
* During student holiday times OTP members will be notified of an available training sessions. Availability during these times will be on a case by case basis depending on the use of the space by NICA short course, workshops and other NICA programs that affect the availability of the training space.

**How to Book a Session**

* To book an OTP session please contact NICA Short Course Office
* Phone: Short Course Office 9214 6585 or 9214 6975 Reception
* Email: shortcourses@nica.com.au
* Or in person: NICA Short Course Office, Ground Floor, 41 Green St, Prahran
* Bookings will only be accepted once your application has been successful and you have attended any necessary induction/ competency assessment.

**What you are allowed to train:**

* The OTP is for practice and maintenance of skills and rehearsal of skills you are competent in training safely
* All applicants must be willing to complete a competency assessment to gauge their ability to train safely and independently in the space. Applicants who have been awarded a Bachelor of Circus Arts or similar will be advised if they are required to attend a competency assessment
* Training approval is subject to the Head of Circus/Venue Supervisor’s approval. You will need to provide support material such as a CV, references and video links to previous work, as well as potentially conducting a skills assessment in the NICA space.
* Flying trapeze, teeterboard, group bike, casting and trampoline are not available

**Open Training Application Process**

1. Fill out the Open Training Application Form. Submit to NICA Short Course Office.
2. You will be notified via email when your application is approved/not approved.
3. Pay the Open Training Fee at Short Course Office or Reception (EFTPOS or Credit only)
4. Due to limited training spaces, Members of the Open Training Program must book for every training session either by phone, email or in person at Short Course Office or Reception by 4pm of each day (4pm Friday for Saturday sessions).
5. Once membership fees have been paid you will be booked in for an initial Safety Induction with the Venue Supervisor
6. To commence open training you need to check in with the Venue Supervisor **at the start of each session** and have your name checked against the booking sheet.
7. If you have not booked in advance you may be refused entry.

**Cost:**

* $110 for a 10 session Card, $55 for a 5 session card, Single sessions $13.00.
* These cards are valid for each Open Training Session (3 hours Monday-Friday, 6 hours on Saturdays) and can be purchased from the Short Course Office.

**Penalties:**

* Individuals who are in the space and have not completed the OTP application process will have their details recorded, be asked to leave immediately and will not be eligible to join the program for 30 days. Second time offenders will be banned and not eligible to join the program until the following year.
* NICA reserves the right to refuse refund of any monies as a result of suspension or banning.
* Open Training Program members who have not booked their training session will be asked to leave immediately and will be suspended from the Program for 24 hours. Second time offenders will be suspended for one week. Third time offenders will be banned from the program until the following year.
* Individuals who fail to follow the directions of the Venue Supervisor will be banned from the program.

**Insurance:**

* All applicants must hold a current public liability insurance certificate. Please forward a copy along with your application (or you can supply after approval has been granted).
* All applicants must have either a Medicare card or proof of OSHC. Please forward a copy along with your application
* All applicants must complete the indemnity form attached below.
* We strongly recommend applicants have Personal Accident Insurance and ambulance cover (<http://www.ambulance.vic.gov.au/Membership.html>). Note that emergency transport can cost over $2000.
* Please note NICA in case of injury will not cover any medical expenses or loss of income.

**For updates on Open Training hours visit the NICA Open Training Facebook page** [**https://www.facebook.com/National-Institute-of-Circus-Arts-Open-Training-Program-1615108898777507/**](https://www.facebook.com/National-Institute-of-Circus-Arts-Open-Training-Program-1615108898777507/)

**Applicant Checklist** - Please check you have:

[ ]  Thoroughly read the attached form and completed sections 1-4

[ ]  Signed twice (where highlighted)

[ ]  Attached a copy of your public liability insurance

[ ]  Included video links to support the disciplines listed in the application

[ ]  Attached your CV (optional)

[ ]  Kept a copy of the General information for future reference

[ ]  Attached a NICA Equipment Data Form (only if you are planning on bringing your own gear)

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| --- | --- | --- | --- |
| **First Name** |       | **Surname** |       |
| **Address** |       | **Suburb** |       |
| **Postcode** |       | **Email** |       |
| **Mobile** |       | **DOB & Age** |       |

**Please complete Parts 1-4 and return this form to: *NICA Short Course Office, Grnd Floor, 41 Green St, Prahran***

***If you have any questions, please contact Short Courses on (+613) 9214 6585 or*** ***shortcourses@nica.com.au***

**Membership into the Open Training Program is subject to approval. Incomplete forms or applications without public liability insurance or proof of Medicare/OSHC will not be accepted. NICA reserves the right to refuse, suspend or cancel membership at any time, and to change the benefits offered.**

**Part 1: ABOUT YOUR PRACTICE\***

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| **Discipline** | **What will you practice?***Skills you wish to train e.g. handstands, pass juggling, drops on tissu etc* | **Your Ability***Please indicate your level of training* |
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\*After your application has been received you will be contacted if you are required to attend a competency assessment

**Please provide details of how you intend to use the space**

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**Do you have any special requirements or need assistance?**

*Please include things like access to markers, assistance with rigging/ moving crash mats*

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**History of Injuries/Medical Conditions**

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| **Emergency Contact Name** |       | **Phone** |       |

**Part 2: PROFESSIONAL DETAILS**

**Circus Experience:** *Please list any additional relevant training or experience or attach a CV (optional)*

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| --- | --- |
| **Year/s (eg 2008-11)** | **Training and Experience:**  |
|       |       |

**Part 3: CONDITIONS OF USE, COMPETENCY ASSESSMENT AND INDUCTION**

* OTP participants acknowledge that the NICA short course program, NICA performances and NICA rehearsals have priority of space and equipment
* It is a condition of entry that OTP participants have booked and paid for their session no later than 4pm on the day before training – failure to do so will result in refusal of entry
* OTP participants will conduct a safety induction prior to their first training session
* OTP participants will follow the directions of NICA staff and Swinburne security staff at all times
* OTP participants will only train in disciplines approved through the application process
* Any non-NICA equipment needs to be approved before use in the space and removed at the end of the session
* All applicants must be willing to complete a competency assessment to gauge their ability to train safely and independently in the space. Applicants who have been awarded a Bachelor or Circus Arts or similar will be advised if they are required to attend a competency assessment
* The OTP is for practice and maintenance of skills and rehearsal of skills you are competent in training safely
* Participants will not conduct any commercial activity through the OTP. If you are seeking to run private tuition please contact the Short Course Office, if you are after venue hire please contact NICA Reception for details
* All OTP participants will sign in with the venue supervisor on arrival for their training session
* Flying trapeze, teeterboard, group bike, casting and trampoline are not available
* Students who are absent from class during the day are not allowed to train that evening
* All applicants must sign and complete the indemnity section.

I have read and agree to the terms and conditions of the NICA Open Training Program and believe the information I have provided to be true and correct:

 (Signature of Applicant)

 (Print Name of Applicant) (Date)

Approved by Head of Circus: **Y / N**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Non Acceptance:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Administrative Use Only**

[ ]  Applicant emailed Date:

[ ]  Applicant entered

Date:

**Part 4: ASSUMPTION OF RISK, WAIVER and INDEMNITY**

**NOTE: THIS IS AN IMPORTANT DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS AND OBLIGATIONS. PLEASE READ IT CAREFULLY AND DO NOT SIGN IT UNLESS YOU ARE SATISFIED THAT YOU UNDERSTAND IT.**

This Document must be completed in full prior to the commencement of any training through the Open Training Program by all participants. **For students aged under 18 years of age, this Document must be completed by a parent or legal guardian on their behalf.**

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| **Course** | NICA Open Training Program |
| **Scheduled Activities** | OTP at NICA may include any of the following activities: acrobalance, handstands, tumbling, juggling, rope, spinning plates, diabolo, hula hoops, solo or double trapeze, static or swinging trapeze, web, hoop diving, pyramids, cloudswing, unicycle, aerial ring, chinese poles, tissu, contortion, mini trampoline, devil sticks, stilts, tightwire, slapstick, clowning and physical comedy, flexibility training, strength building exercises, games, and other physical activities. |

In consideration of the National Institute of Circus Arts (“**NICA**”) and Swinburne University (“**Swinburne**”) permitting me to participate in, take part, or complete the Course in any way, I, the undersigned, for myself, my personal representatives, heirs and next of kin:

1. Acknowledgement that the intended activities that make up the Course (as referred to under “Scheduled Activities” above) are inherently dangerous and may result in serious personal injury (including permanent disability) and/or death and/or property damage.
2. Give permission for NICA/Swinburne to seek appropriate medical attention in the event that I am injured.
3. Understand that any personal injuries I incur may be compounded or increased by not only my actions but from the actions, omissions or negligence of others.
4. Acknowledge, agree to, and voluntarily assume all risks (including, but not limited to, those identified in the section “Scheduled Activities”) of any harm, injury or damage that I may suffer to my person or my property or loss of income whether foreseen or unforeseen in connection with the Course.
5. Agree to indemnify NICA and Swinburne from any liabilities, claims, and causes of action that may be brought against NICA or Swinburne as a result or in connection with my negligent act, omission, failure or error as a participant in the Course.
6. Agree that NICA and Swinburne will not be liable for and waive any right to claim for any loss or damage, personal injury, death, medical expense, economic loss or consequential loss whether in tort, in contract, under statute or otherwise, for any default, failure, negligence or error on the part of NICA or Swinburne.
7. Acknowledge and agree that NICA’s and Swinburne’s liability under the statutory right or any condition or warranty implied by the *Fair Trading Act, (VIC)* or the *Trade Practices Act (Cth)* or other relevant legislation which cannot be lawfully excluded is, to the extent permitted by law, limited at the option of NICA or Swinburne to:
* the re-supply of the Course by NICA/Swinburne; or
* Payment by NICA/Swinburne of the cost of having the Course supplied again.
1. Acknowledge and confirm that the information I have provided in the Document is true and correct and I have read and understood this Document and that I am of lawful age and legally competent to sign this Document.
2. Acknowledge that I have signed this Document on my own free will and without any representation or inducement by NICA or Swinburne, their agents or employees.
3. Agree that if any provision of this Document is found unenforceable or invalid, that provision shall be severed from this Document and the remainder of this Document shall, notwithstanding, continue in full legal force and effect.
4. I understand that I may consult a medical advisor if I have concerns regarding any pre-existing medical condition which may affect my health and safety or that may be provoked by participation in the above activity.

**Note: Students/Trainers are responsible for any medical costs arising from participation in NICA/Swinburne activities.**

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| **Participant’s Full Name** (please print clearly): |
| **Signature of Participant** (or Parent/Legal Guardian if Participant is under 18 years of age): | **Date:** |
| **Witness’s Full Name** (please print clearly): to be witnessed on same day |
| **Signature:** |  |
| Activity Administrator Full Name on behalf of NICA/Swinburne (please print clearly): |
| Signature: | Date: |

*Please ensure that it has been signed by or on behalf of the participant and a witness to the signature has also signed and dated the form.*