

Aldeburgh Young Musicians

Application Form: For entry 2010/2011

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HERE

For office use:	
Date received	<input type="text"/>
Place Offered	<input type="text"/>

How did you hear about Aldeburgh Young Musicians?	<input type="text"/>
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Personal Details			
Full Name	<input type="text"/>		
Home Address	<input type="text"/>		
	<input type="text"/>		
	Post Code	<input type="text"/>	
Telephone:	<input type="text"/>	Mobile:	<input type="text"/>
Email:	<input type="text"/>		
Date of Birth:	<input type="text"/>	Age (1 September '10):	<input type="text"/>
Nationality:	<input type="text"/>		
Emergency Contact Name:	<input type="text"/>	Emergency Telephone:	<input type="text"/>
Please give details of any medical conditions we should be aware of?	<input type="text"/>		

Fees	
Is your place on this scheme dependent on funding assistance?	Yes/No
Are you a current Music & Dance Scheme grant holder? <i>(If yes please state amount)</i>	Yes/No £
Please indicate your gross annual family income <i>(for those requiring funding)</i>	£

Education			
School/College (if applicable)	<input type="text"/>		
School Address	<input type="text"/>		
	<input type="text"/>		
	Post Code	<input type="text"/>	
Head Teacher	<input type="text"/>	Telephone	<input type="text"/>
Head of Music	<input type="text"/>	Telephone	<input type="text"/>
Please give further details of your school musical activities	<input type="text"/>		
Please indicate type of school	LEA Maintained	Independent	Home Educated

Music Details	
1 st Study Instrument:	
2 nd Study Instrument (if applicable):	
3 rd Study Instrument (if applicable):	

1 st Study Information	
How long have you studied for?	
Present instrumental teacher:	
Teacher's contact telephone number:	
Please give details of your most recent 1 st Study examination	
Grade:	Mark/Percentage:
Examining Board (eg. ABRSM)	Date:

Musical Activities
Please tell us about any relevant musical activities/ensembles which you are involved in, including county & national orchestras, festivals and competitions:

Auditions

Preliminary auditions will be held in **March 2010**. Please indicate a first and second choice of county and specify below any dates which are impossible for you to attend. Those selected for a **final audition** will be required to attend a day in Suffolk on **19 April 2010**. For percussionists, please note that we can only provide tuned percussion at the **Suffolk** venue.

Suffolk (11/12/13 March)
 Cambridge (15/16/17 March)
 Norwich (18/19/20/22 March)

Unavailable Dates:

We will provide an accompanist for the audition. Please tick here if **you do not require an accompanist**

Signature of Applicant	Date:
Signature of Parent/Guardian	Date:

Enclosures Checklist (Please tick)

Sample Score (Composers Only)
 Teacher's Supporting Statement

PLEASE RETURN THIS FORM BY 15 FEBRUARY 2010 TO:

Colin Virr – Head of Aldeburgh Young Musicians
 Aldeburgh Music, Snape Maltings Concert Hall, Snape, Suffolk, IP17 1SP
 T: (01728) 687115 F: (01728) 687120 E: cvirr@aldeburgh.co.uk



Aldeburgh Young Musicians

Equal Opportunities

In order to monitor the effectiveness of our equal opportunities policy, it is important to collect information which might identify possible and indirect barriers to enrolment. Information about ethnic origin is optional and will only be used to help us develop the scheme so that it is truly inclusive. Any information provided is entirely confidential and is not part of any selection procedure.

Section 1 - Personal Details			
Full Name			
Date of Birth		Gender	
Section 2 - Cultural Diversity - Please tick the ethnic category that best represents you/your child			
White			
<input type="checkbox"/>	British		
<input type="checkbox"/>	Irish		
<input type="checkbox"/>	Other White background (please state):		
Mixed			
<input type="checkbox"/>	White & Black Caribbean		
<input type="checkbox"/>	White & Black African		
<input type="checkbox"/>	White & Asian		
<input type="checkbox"/>	Other mixed background (please state):		
Asian or Asian British			
<input type="checkbox"/>	Indian		
<input type="checkbox"/>	Pakistani		
<input type="checkbox"/>	Bangladeshi		
<input type="checkbox"/>	Other Asian background (please state):		
Black or Black British			
<input type="checkbox"/>	Caribbean		
<input type="checkbox"/>	African		
<input type="checkbox"/>	Other Black background (please state):		
Chinese or Chinese British or other ethnic group			
<input type="checkbox"/>	Chinese		
<input type="checkbox"/>	Any other ethnic background (please state):		
<input type="checkbox"/>	Information refused		
Section 3 – Disability			
Do you consider yourself to have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/>			
As defined by the act - a disability is "a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities".			