

CENTRE FOR YOUNG MUSICIANS – HACKNEY

APPLICATION FORM 2009-10



For office use only:

PLEASE READ "INFORMATION FOR APPLICANTS" CAREFULLY BEFORE COMPLETING THIS FORM

SECTION A – TO BE COMPLETED BY ALL APPLICANTS

| | | | | | |
|---|-----------------------------|---|--|---------------|------------------|
| Applicant's Surname | | Applicant's First Name(s) | | | |
| Home Address Address: | | Date of Birth | Age as of 31.08.09 | Gender | |
| | | School Attended | | | School Yr |
| | | Section C must be completed by the applicant's school. | | | |
| Home Telephone Number | | Which one of the following do you feel best describes you? | | | |
| Mobile Telephone Number | | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Pakistani | | |
| | | <input type="checkbox"/> Black British | <input type="checkbox"/> Other Asian | | |
| Email | | <input type="checkbox"/> Black African | <input type="checkbox"/> White British | | |
| | | <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> White Other | | |
| | | <input type="checkbox"/> Black Other | <input type="checkbox"/> Mixed | | |
| Name of Parent/Carer | | <input type="checkbox"/> Chinese | <i>please specify:</i> | | |
| | | <input type="checkbox"/> Irish | <input type="checkbox"/> Other | | |
| | | <input type="checkbox"/> Indian | <i>please specify:</i> | | |
| How did you hear about CYM Hackney? | | Signed (Parent/Carer) | | | |
| | | Date: | | | |
| | | Will you be applying for a bursary? | | | |
| | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| Will you be applying for subsidised fees? | | | | | |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | | |
| Will you be applying for a scholarship? | | | | | |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | | |
| Do you have any special requirements? (e.g. a physical, learning or sensory disability, special educational needs, etc.) If YES, please give details. | | | | | |
| Please outline any musical experience and add any further information that you feel may be helpful. | | | | | |

SECTION B - PLEASE TICK ONLY ONE CATEGORY

I would like to apply to (please tick one category):

Red (aged 5 and 6 years)

Please go straight to Section C

Yellow (aged 7 or 8 years)

Which instrument would you like to begin learning? (You may indicate 1st and 2nd choices)

(You

Recorder

Guitar

Bassoon

Flute

Violin

Cello

Clarinet

Viola

Any instrument listed

Brass (Trumpet, Cornet, Euphonium, Trombone, French Horn)

Do you play an instrument already? teacher(s); length of learning; approx. standard etc.)

(Instrument(s);

Green Instrumental
Green Ensemble

Please state which instrument(s) you are currently learning.

First Instrument

Second Instrument

Please give details about how long you have been learning; name(s) of teachers; approx. standard etc.

Blue Instrumental
Blue Ensemble

Please state which instrument(s) you are currently learning.

First Instrument

Second Instrument

Please give details about how long you have been learning; name(s) of teachers; approx. standard etc.

SECTION C - TO BE COMPLETED BY THE HEADTEACHER OF THE APPLICANT'S SCHOOL

Please comment on the applicant's suitability to attend CYM Hackney.

School Stamp (Required)

Signed (Headteacher)

I confirm that this applicant studies at this school.

Date:

This form should be returned by post to: CYM HACKNEY, c/o HMDT, Technology Learning Centre, 1 Reading Lane, London, E8 1GQ

The deadline for receipt of applications is Friday 17th July 2009