



Course Application Form 2007

Section 1: Personal Details

Name:.....

Address:

.....
.....

Postcode:.....

Telephone:..... Mobile:.....

Email:.....

Date of Birth..... Gender (Please Circle): Male

Female

Course Applied For (Please tick and follow guidelines):

Certificate of Higher Education: Music Tutor Training
Please complete sections 2, 3a & 4 of this form

Sound Start
Please complete sections 2, 3b & 4 of this form

Section 2: Application Information

Education/ Employment History (continue on separate sheet if necessary)

Section 2 Continued

Please list musical background/expertise:

What are your areas of musical interest?

Why do you want a place on this course?

Do you have any external commitments that may impact on your ability to study?

How do you plan on supporting yourself financially throughout your studies?

Do you have any access requirements? Please detail.

Section 3a:
Certificate of Higher Education: Music Tutor Training

Please list any previous teaching experience (continue on a separate sheet if necessary)

Why are you interested in becoming a music teacher?

What qualities do you think are important in the role of an educator?

What would you see as the most rewarding aspect of teaching?

Can you accommodate one-two days in the week to attend the course? (please circle)

Yes

No

Section 3b: Sound Start

Have you used Fruityloops or Cubase music software? If so, explain how:

Give an example of when you have worked in a group or produced something with others:

Do you have access to any music equipment currently?

Which areas of your musical skills and abilities do you most want to develop and why?

Section 4: Personal Statement

Please provide us with any additional information you feel may support your application.

Signed:..... Date:.....

Applications should be supported by recorded material where possible.
(Recorded product can only be returned if a SAE is provided)

Please return this application form and accompanying material to the following address:

Course Applications Department
82 Southwark Bridge Road
London
SE1 0AS
Tel. 02076330550
Fax.02072611133

Equal Opportunities Monitoring Form

This detachable form is intended for equal opportunities monitoring purposes only. The information you give will be kept anonymous and will not affect your application

Please **circle** the category(s) that best describes your ethnicity:

a. **White:** British Irish Other White

White Other please specify.....

b. **Mixed:** White & Black Caribbean White and Black African
 White & Asian Other mixed

Other mixed please specify.....

c. **Asian or Asian British:** Indian Pakistani Bangladeshi

Other Asian please specify.....

d. **Black or Black British:** Caribbean African

Other Black please specify.....

e. **Chinese or other ethnic group:** Chinese Other ethnic group

Other ethnic group please specify.....

Gender (please tick): Male Female

Please tick the correct box for the following questions: **Yes** **No**

Do you have any access requirements?

Specify:.....

Do you consider yourself to have learning difficulties?

Specify:.....

Are you a lone parent?

Do you have childcare needs?

Are you a refugee?

Are you currently homeless?

Borough of Residence:.....