

SPRING COURSES APPLICATION FORM



PLEASE WRITE IN BLOCK CAPITAL AND USE BLACK INK

Please complete this form in BLOCK CAPITALS and return, with the appropriate fee, to the below address. Cheques should be made payable to "School of Contemporary Music, 51 London Road, Dover, Kent, CT17 0SP".

1. Personal Details

Title:

First Name:

Surname or Family Name:

Date of Birth:

Male:

Female:

2. Address Information

Permanent Residential Address

Address:

Postcode / Zip Code

Suburb, Town or City:

State (if applicable):

Country:

3. Contact Information

Phone Number (include country and area code if outside UK):

Mobile Number (include country and area code if outside UK):

Other Contact Number (include country and area code if outside UK):

Email Address:

Postal Address

Same as permanent residential address

Address:

Postcode / Zip Code

Suburb, Town or City:

State (if applicable):

Country:

4. Emergency Contact Details

First Name:

Surname or Family Name:

Relation to Applicant:

Phone Number (include country and area code if outside UK):

Mobile Number (include country and area code if outside UK):

Other Contact Number (include country and area code if outside UK):

Email Address:

5. Data Sharing Permission (Optional)

I authorise School of Contemporary Music College to discuss academic and administrative matters with;

The person nominated in section 4 of this application form

The person nominated below:

First Name:

Surname or Family Name:

Phone Number (include country and area code if outside UK):

Mobile Number (include country and area code if outside UK):

Other Contact Number (include country and area code if outside UK):

Email Address:

6. Disabilities / Special Needs

School of Contemporary Music College encourages you to disclose any disability/medical condition which could disadvantage your ability to study. All offers are made on academic grounds only and the information you submit will be used to help School of Contemporary Music College provide appropriate support. Please tick all that apply and attach copies of any supporting documentation. Further information may be requested.

Do you have any disabilities, impairments or long-term medical conditions that may affect your studies?

No

Yes

Please indicate the areas of impairment

Dyslexia

Blind / Partially Sighted

Deaf / Hearing Impairment

Wheelchair Mobility Issues

Personal Care Support

Mental Health Difficulties

Unseen Disability, e.g. Diabetes

Autistic Spectrum / Asperger's

Other (Please describe)



If you answered Yes to the question above, please include a copy of the documentation.

7. Ethnic Origin/Equal Opportunities Monitoring

We are committed to providing equal opportunities for all. To assist us with our monitoring please choose one selection from the options below.

Please indicate your ethnic origin:

A) White		
<input type="checkbox"/> British	<input type="checkbox"/> Scottish	<input type="checkbox"/> Other White Background
<input type="checkbox"/> Irish	<input type="checkbox"/> Welsh	
B) Black or Black British		
<input type="checkbox"/> Caribbean	<input type="checkbox"/> African	<input type="checkbox"/> Other White Background
C) Asian or Asian British		
<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi
<input type="checkbox"/> Chinese	<input type="checkbox"/> Other (Please describe)	
D) Mixed		
<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> White & Black African	<input type="checkbox"/> White & Asian
<input type="checkbox"/> Other (Please describe)		
E) Other Ethnic Background		
<input type="checkbox"/> Not Known	<input type="checkbox"/> Information Refused	



This information will not be considered as part of the admissions process.

8. Programme of Study (Please check all that apply)

I wish to apply for the programme selected below:

Please indicate the areas of impairment

Spring Courses Intensive Programmes

<input type="checkbox"/> Vocals Performance	<input type="checkbox"/> Keyboard/ Piano Performance	<input type="checkbox"/> Drum Performance
<input type="checkbox"/> Bass Performance	<input type="checkbox"/> Rhythm Guitar Performance	
Music Production Spring Intensive		Sounds Engineering Spring Intensive
<input type="checkbox"/> Logic Pro X	<input type="checkbox"/> Sibelius Notation & Arranging	<input type="checkbox"/> Live Sound Engineering & Recording

9. Tuition Fees Payment

Please ensure you have read and understood the student fees policy found online. Please select the fee that applies to your programme. Further information can be found in the Tuition Fees booklet.

Please indicate the areas of impairment

Spring Courses Intensive Programmes

£250 (5 days)

Spring Courses Intensive Programmes

Vocals Performance

Keyboard/ Piano Performance

Drum Performance

Bass Performance

Rhythm Guitar Performance

Music Production Spring Intensive

Sounds Engineering Spring Intensive

Logic Pro X

Sibelius Notation & Arranging

Live Sound Engineering & Recording

Is an employer paying your tuition fees?

Yes

No

If Yes - Please enclose a written confirmation (printed on letter head) from your employer stating intention of funding / sponsoring your studies.

I accept and grant permission for my employer/sponsor to be informed of any relevant information relating to the progression of my programme including my record of attendance.

Is your parent/guardian or individual paying for your tuition fees?

Yes

No

10. Declaration

Any statements on this form which prove to be untrue or purposely misleading will render the application void. Furthermore if inaccuracies are highlighted at a later stage we retain the right to retract any offer made or expel the student with no refund of fees.

I confirm that I have read and understood the terms and conditions, and student fees policy. I confirm that the information given on this form is true, complete and accurate. No information requested or other material has been omitted. I consent to the storage and processing of this data by School of Contemporary Music College under the provision of the 2018 Data Protection Act.

Applicant's Signature

Date

Parent/Guardian declaration for applicants under 18

As the legal parent or guardian, I hereby give permission for the applicant to attend the course selected. I have read and understood the declarations outlined on this application and acknowledge that where the applicant has no legal obligations as a minor I will take responsibility for any repercussions.

Parent/Guardian's full name and signature

Date