

**APPLICATION FORM
PART ONE**

Part one should be completed and signed by the parent/carer and sent to Yorkshire Young Musicians, PO Box 127, Thirsk, YO7 2WX. Part two should be passed to the first study teacher or Head of Music (with an envelope addressed and stamped for Yorkshire Young Musicians) for completion.

Applicant's Surname	First Name(s)
Date of Birth (dd/mm/yyyy)	Age on 1st September 2019 _____ School Year from September 2019 _____
Address (BLOCK LETTERS)	
Postcode	
Telephone number Day	
Evening	
Mobile	
e-mail address	
Parent/Carer (Mr/Mrs/Ms/other) Surname	First Name
Telephone number Day	
Evening	
Mobile	
e-mail address	
Details of Instruments to be studied	
First Study Instrument	
How long have you been studying?	
Last examination taken	date grade result
Name and address of current first study teacher	
Telephone:	

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Second Study Instrument			
How long have you been studying?			
Last examination taken	date	grade	result
Name and address of current second study teacher			
Telephone:			
School attended by applicant			
Address			
Postcode			
Telephone	E-mail		
Name of Headteacher			
Name of Head of Music			
Name of Music Education Hub			
Name of Head of Music Education Hub			
Address			
Postcode			
Telephone	E-mail		
Give details of any ensembles, orchestras etc with which you currently play			
<p>Yorkshire Young Musicians will provide an accompanist for the audition. Please tick the box if you do not require a YYM accompanist. <input type="checkbox"/></p>			
How did you hear about YYM?			

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What is your ethnic group? Choose one option that best describes your ethnic group or background and <i>tick the box</i>				
White	1. English / Welsh / Scottish / Northern Irish / British		Mixed / Multiple ethnic groups	5. White and Black Caribbean
	2. Irish			6. White and Black African
	3. Gypsy or Irish Traveller			7. White and Asian
	4. Any other White background, please describe			8. Any other Mixed / Multiple ethnic background, please describe
Asian / Asian British	9. Indian		Black / African / Caribbean / Black British	14. African
	10. Pakistani			15. Caribbean
	11. Bangladeshi			16. Any other Black / African / Caribbean background, please describe
	12. Chinese			17. Arab
	13. Any other Asian background, please describe		Other ethnic group	18. Any other ethnic group, please describe
I the parent or carer of the above child approve this application and understand that it does not guarantee the applicant a place				
Signature			Date	

Collection and use of your data:

Please ensure you notify the YYM office of any change in your personal information

Records may be written down (manual records) or held on a computer (electronic record). The records may include: Basic details about you, such as address and contact details. Notes and reports about your music education whilst at YYM Administrative and teaching staff who have access to your personal information use it to provide a good basis for your music education at YYM.

For office use only:

Date received

Audition date:

Result:

**APPLICATION FORM
PART TWO**

TO the First Study Teacher or Head of Music

Thank you for sparing the time to support your pupil's application to YYM. We hope the form is relatively quick and easy to fill in as we appreciate how valuable your time is. If you have any further comments or ideas for YYM please attach these on a separate sheet.

Pupil's name	Instrument
Name of First Study Teacher, Head of Music	
Address (BLOCK LETTERS)	
Postcode	
Telephone number	Day
	Evening
	Mobile
	e-mail address

Guide to completing the table:

Weak - has ability but requires more attention

Sound - about average for length of tuition

Good - above average for age and length of tuition with promising signs for the future

Excellent - shows exceptional talent

<i>please tick appropriate column</i>	Weak	Sound	Good	Excellent
Willingness to work				
Ability to concentrate				
Achievement potential				
Musicianship				
Technical facility				
Sound quality				
Aural ability				
Sense of pitch				
Finger dexterity (if appropriate)				

