

GRAND UNION ORCHESTRA SUMMER SCHOOL APPLICATION FORM

ABOUT YOU

First name _____ Surname _____

Address _____

Post Code _____ Home Tel _____

Parent's Mobile _____ Student's Mobile _____

Parent's Email _____

Student's Email _____

Gender _____ D.O.B _____

Instrument(s) _____

Instrument(s) grade/equivalent _____

Have you been on a residential course before? If yes, which one? _____

PLEASE TELL US BRIEFLY ABOUT:

Your prior learning and musical experience (e.g. lessons, workshops, ensembles, performances etc):

What you hope to learn/would like to work on during the summer school:

What you hope to do following the summer school:

EQUAL OPPORTUNITIES:

- | | | | | | |
|--|--------------------------|------------------------|--------------------------|------------------------|--------------------------|
| White British | <input type="checkbox"/> | Mixed White & Asian | <input type="checkbox"/> | Asian - Bangladeshi | <input type="checkbox"/> |
| White Irish | <input type="checkbox"/> | Other Mixed background | <input type="checkbox"/> | Asian - Indian | <input type="checkbox"/> |
| White Other | <input type="checkbox"/> | Black African | <input type="checkbox"/> | Asian - Pakistani | <input type="checkbox"/> |
| Mixed White & Black African | <input type="checkbox"/> | Black Caribbean | <input type="checkbox"/> | Other Asian Background | <input type="checkbox"/> |
| Mixed White & Black Caribbean | <input type="checkbox"/> | Other Black background | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| <input type="checkbox"/> Other ethnic background (please describe) _____ | | | | Prefer not to say | <input type="checkbox"/> |

Do you consider yourself to have a disability? Yes No

If yes, please give us further information so that we can make your access to the site and the course as comfortable as possible. _____

MEDICAL INFORMATION

Family Doctor _____ Family Doctor Tel _____

Details of any medical conditions _____

Details of any medication _____

Details of any dietary requirements _____

In the case of a medical emergency, if I/other emergency name cannot be contacted, I agree that necessary medical treatment should be sought.

I enclose a deposit of £80 per person, payable to Grand Union Music Theatre, which is only returnable if the application is not accepted, and agree to pay the balance by **Friday 6th July**, should I be accepted to the Summer School.

PHOTO PERMISSION

Grand Union will occasionally be taking still photographs and / or video recordings of pupils in rehearsals or concerts for archive purposes and inclusion in our brochures and publicity material.

I hereby give consent for my child's image and performance to be used as described above by Grand Union

COMMITMENT DECLARATION

I confirm that I can attend the Grand Union Summer School from Monday 30th July - Thursday 2nd August

Signature of Parent/Carer/Student (if under 18) *

BURSARY SCHEME

The Grand Union Orchestra is keen to ensure that anyone can attend the summer school regardless of financial background. We can offer a means-tested bursary to cover up to 50% of the total summer school cost. Being in receipt of housing benefit or free school meals are the kind of reasons a full bursary will be awarded.

We are here to help! If you would like to discuss applying for a bursary or have any questions about the summer school, please contact us:

summerschool@grandunion.org.uk or **0208 981 1551**

All applications will be treated in the strictest of confidence.

The deadline for bursary applications is Friday 25th May.

THANK YOU FOR APPLYING TO THE GRAND UNION SUMMER SCHOOL 2018!

Applications will be assessed by the Summer School organising team