



## SUMMER SCHOOL APPLICATION FORM 2018

### ABOUT YOU

First name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Post code \_\_\_\_\_ Home Tel \_\_\_\_\_

Parent's Mobile \_\_\_\_\_ Student's Mobile \_\_\_\_\_

Parent's Email \_\_\_\_\_

Student's Email \_\_\_\_\_

Gender \_\_\_\_\_ DOB \_\_\_\_\_

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** (Delete as appropriate)

White British	Mixed White & Asian	Asian-Bangladeshi
White Irish	Other Mixed background	Asian-Indian
White Other	Black African	Asian-Pakistani
Mixed White & Black African	Black Caribbean	Chinese
Mixed White & Black Caribbean	Other Black background	Other Asian Background

Other ethnic background (please describe) \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_

**PLEASE ADD 'YES' OR 'NO' AS APPROPRIATE**

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 6<sup>th</sup> 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 30<sup>th</sup> July – Thursday 2<sup>nd</sup> August**.

\*Signature of parent/carer (if under 18) / student \_\_\_\_\_

**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](mailto:summerschool@grandunion.org.uk) or **0208 981 1551**

15b St. Margaret's House, 21 Old Ford Road, Bethnal Green, E2 9PL

All applications will be treated in the strictest confidence.

**The deadline for bursary applications is Friday 25<sup>th</sup> May.**

Applications will be assessed by the Summer School organising team.

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