



APPLICATION FORM

PART ONE

Part one should be completed and signed by the parent or carer and sent to Yorkshire Young Musicians, PO Box 127, Thirsk, North Yorkshire 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 <i>(BLOCK LETTERS)</i> | First Name |
| Date of Birth (dd/mm/yyyy) | Age on 1 January 2013 |
| Address <i>(BLOCK LETTERS)</i> | |
| | |
| Postcode | |
| Telephone number Day | Evening |
| Applicant's mobile number | |
| e-mail address | |
| Parent or Carer's Surname <i>(Mr/Mrs/Ms/other)</i> | First Name |
| Telephone | Mobile |
| e-mail address | |

Details of Instrument(s) to be studied:

| |
|---|
| First Study Instrument: How long have you been studying? |
| Last examination taken: date _____ grade _____ Result _____ |
| Name and address of present First Study teacher <div style="text-align: center;">Telephone</div> |
| Second Instrument(s): How long have you been studying? |
| Last examination taken: date _____ grade _____ Result _____ |



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|--|
| Name and address of present Second Study teacher (if applicable) |
| |
| |
| Telephone |

Details of current schooling and music programmes

| | |
|---|--------|
| School attended by applicant | |
| Address | |
| | |
| | |
| Postcode | |
| Telephone | e-mail |
| Name of Headteacher | |
| Name of Head of Music | |
| Local authority Music Service | |
| Address | |
| | |
| | |
| Postcode | |
| Telephone | e-mail |
| Name of Head of Music Service | |
| Give details of any ensembles, orchestras etc with which you currently play | |



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| Give details of any music courses attended |
| Yorkshire Young Musicians will provide an accompanist for the audition. Please tick the box if you do <i>NOT</i> require a YYM accompanist <input type="checkbox"/> |
| How did you hear about Yorkshire Young Musicians? |
| 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..... |

| | |
|---------------------|--|
| For office use only | |
| Date received | |
| Audition – | |
| Date | |
| Time | |
| Result | |



APPLICATION FORM

PART TWO

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|---|-------------------------------|--------------------------------|-------------------------------|------------------------------------|
| To the First Study Teacher or Head of Music: | | | | |
| Thank you for sparing the time to support your pupil's application. We hope the form is relatively quick and easy to fill in as we appreciate how valuable your time is. If you have any comments or ideas about Yorkshire Young Musicians please attach these on a separate sheet | | | | |
| Name of Pupil | Instrument | | | |
| Name and address of First Study teacher / Head of Music | | | | |
| | | | | |
| Postcode | | | | |
| Telephone | e-mail | | | |
| How long have you been teaching this pupil? | | | | |
| Guide to filling in the boxes: Weak – has ability but requires more attention Sound – about average for age and length of tuition Good – above average for age and length of tuition with promising signs for the future Excellent – shows exceptional talent | | | | |
| Willingness to work | Weak <input type="checkbox"/> | Sound <input type="checkbox"/> | Good <input type="checkbox"/> | Excellent <input type="checkbox"/> |
| Ability to concentrate | Weak <input type="checkbox"/> | Sound <input type="checkbox"/> | Good <input type="checkbox"/> | Excellent <input type="checkbox"/> |
| Achievement potential | Weak <input type="checkbox"/> | Sound <input type="checkbox"/> | Good <input type="checkbox"/> | Excellent <input type="checkbox"/> |
| Musicianship | Weak <input type="checkbox"/> | Sound <input type="checkbox"/> | Good <input type="checkbox"/> | Excellent <input type="checkbox"/> |
| Technical facility | Weak <input type="checkbox"/> | Sound <input type="checkbox"/> | Good <input type="checkbox"/> | Excellent <input type="checkbox"/> |
| Sound quality | Weak <input type="checkbox"/> | Sound <input type="checkbox"/> | Good <input type="checkbox"/> | Excellent <input type="checkbox"/> |
| Aural ability | Weak <input type="checkbox"/> | Sound <input type="checkbox"/> | Good <input type="checkbox"/> | Excellent <input type="checkbox"/> |
| Sense of pitch | Weak <input type="checkbox"/> | Sound <input type="checkbox"/> | Good <input type="checkbox"/> | Excellent <input type="checkbox"/> |
| Finger dexterity (if appropriate) | Weak <input type="checkbox"/> | Sound <input type="checkbox"/> | Good <input type="checkbox"/> | Excellent <input type="checkbox"/> |



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PART TWO

Please give details of the repertoire that you have recently been working on with this pupil

Please provide further comment on the way this pupil works or is progressing and add anything else that you feel is relevant