



## 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 2011
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
Telephone
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	
<b>Audition –</b>	
Date	
Time	
<b>Result</b>	



## APPLICATION FORM

### PART TWO

<b>To the First Study Teacher or Head of Music:</b>			
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: <b>Weak</b> – has ability but requires more attention <b>Sound</b> – about average for age and length of tuition <b>Good</b> – above average for age and length of tuition with promising signs for the future <b>Excellent</b> – 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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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