

PLEASE STAPLE YOUR PASSPORT PHOTOGRAPH IN THIS SPACE

Application for School of Music - Continuing Education

Please note: Applications to the School of Music's Undergraduate and Postgraduate courses should be made via UCAS (www.ucas.com/ucas.conservatoires)

Please use BLOCK CAPITALS to complete

| 1 TITLE/NAME/ADDRESS Title | 2 FURTHER DETAILS | | |
|-------------------------------------|--|--|--|
| Surname/ Family name | Your age on 30 September in year of entry: | | |
| First/given name(s) | Years Months Male (M)/Female (F) | | |
| Correspondence address | Date of birth (DD MM YY) | | |
| Postcode (UK only) | Disability/special needs/ medical condition Student Registration | | |
| Main Contact Number (including STD/ | Number for vocational qualifications or Scottish | | |
| e-mail: | Candidate Number | | |
| Home address | Likely source of finance | | |
| (if different) | If born outside the UK, date of first entry Residential to live in the UK (DD MM YY) | | |
| Postcode (UK only) | Occupation of a common of students | | |
| Home contact number (if different) | Country of permanent residence | | |
| (including STD/area code) Fax: | Country of birth | | |
| e-mail. Previous surname/ | Nationality | | |
| Family name | reality | | |
| Course applied for : | | | |
| Continuing Education | | | |
| Other | | | |
| (Please Detail) | | | |
| Number of units applied for: | | | |
| 4 Proposed Principal Study | | | |
| If Singer, please state voice type | | | |

| Give a brief statement | of your aims in applying for the course. | | | | |
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| List other Music Colle | eges and other Institutions of Higher Education | on to which you are | applyir | ng. | |
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| Detail in chronological o | order the secondary schools, colleges and fur | ther or higher educa | ation inst | titutions | S VC |
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| nave attended. | | Fr | om | Т | Го |

| Examining Body (e.g. SQA, JMB University of etc.) | Month and Year of Examination | whe faile | subjects taken ether passed or ed (Subjects must be ecified exactly) | Level e.g. Standard Grad Higher, HNC, Advanced Leve | | spec | ults le/Mark/ ify whethe or Fail |
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| ualifications Pendin | g (examinations o | r asses | ssments to be complet | ed, or results pen | ding). | | |
| Examining Body (e.g. SQA, JMB etc.) | Month and | r asses | ssments to be complete | ed, or results pen | ding). | | DFFICE DNLY |
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| Examining Body (e.g. SQA, JMB etc.) University of etc.) | Month and Year of Examination ations ALREADY T | AKEN, | Subjects , giving the highest leve | Level | | FOR C | I |
| Examining Body (e.g. SQA, JMB etc.) University of etc.) | Month and Year of Examination ations ALREADY T | AKEN, | Subjects , giving the highest leve | Level | | FOR C | DNLY |
| Examining Body (e.g. SQA, JMB etc.) University of etc.) | Month and Year of Examination ations ALREADY T | AKEN, | Subjects , giving the highest leve | Level | | FOR C | DNLY |

| | Month and Year of Examination | Subject | Grade |
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| f you have been a junic nusic college, please s | | | ervatoire of Scotland or anothe |
| Period of Attendance | | Teacher/Institut | tion |
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| Give details of your per | formance experience | e.g. solo, orchestral, choral, e | ensemble, conducting and you |
| Give details of your peri general music interests | | e.g. solo, orchestral, choral, o | ensemble, conducting and you |
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| | | e.g. solo, orchestral, choral, o | ensemble, conducting and you |

12 Detail music examinations to be taken or results pending.

| ACADEMIC Name | | | |
|--|------------------|-----------------------------|---------------------------------|
| Address | | | |
| | | Postcode | Tel No: |
| MUSIC Name | | | |
| Address | | | |
| | | Postcode | Tel No: |
| isability | | | |
| o you have a disability | (please put x in | the appropriate box): | |
| Yes (please indicate be | elow) | | |
| No | | _ | |
| Difference Difference in the Land | -la ia Danasi | | |
| Learning Difficulty ie dy | | a, AD(H)D | |
| Autistic Spectrum Diso | | | |
| Long Standing Illness i disease | | labetes, chronic heart | |
| Mental Health Difficultion | es | | |
| Wheelchair User/Mobil | ity Problems | | |
| Deaf/Serious Hearing I | mpairment | | |
| Blind/Serious Visual Im | pairment | | |
| A disability not listed al | oove | | |
| Prefer not to disclose the | his | | |
| e details of how you prop posed course. | oose to meet the | fees and maintenance expens | es for the full duration of the |
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| | | rd of the course, e.g. careers service, teacher (state whether at sch te title of publication) or other source. |
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| Do you have any crimin | nal convictions (| please put x in the appropriate box): |
| Yes | | |
| No | | |
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| ECLARATION | | |
| confirm that all the particu | lars supplied by | me on this form are correct and that I shall inform the Royal |
| | • | decide not to proceed with my application at any time. I enclose the olication cannot be processed without it. |
| egistration ree and unders | ianu mai my app | oncation carinot be processed without it. |
| ignature of applicant | | Date |
| ignature of Head Teacher | | Date |
| vhere applicable) | | |
| | | |
| Privacy Notice: We take your Privacy ve | ery seriously. Ple | ease find a copy of our Privacy Notice at: |
| www.rcs.ac.uk/policy/pr | <u>ivacy</u> | |
| | | |
| OR OFFICE USE ONLY | | Photograph attached |
| | <u> </u> | Reference Received |
| Date Received | // | Composition(s) received |
| Receipt no. | | Outcome |
| Audition Date | // | Outcome |