

Application Form

When all sections of this application form have been completed, please return it with the Equal Opportunities Monitoring Form to:

*LYWB Applications, Centre for Young Musicians, Morley College,
61, Westminster Bridge Road, London, SE1 7HT*

PLEASE COMPLETE IN BLOCK CAPITALS. You may photocopy this form.

Section One

Applicant First Name/s:	Applicant Surname:
Male/Female (please circle):	Date of Birth:
Home Telephone	Mobile
Parent/Carer name(s):	
Home Address (Number & Street)	
(Town/County)	
Post Code:	Parent/Carer Daytime Telephone:
Email Address:	
Council Tax paid to:	
Name of School:	
Instrument:	Studied Since:
Exams Taken (if any):	How did you hear about us?
Name of current teacher	
Teacher's email address:	
Current Repertoire/Musical Activities:	

EQUAL OPPORTUNITIES FORM

Completing this application page is **compulsory**, however the information you provide here **will not affect the audition decision**. CYM is a Division of the Guildhall School of Music & Drama which is a department of the City of London Corporation. The management of data is informed by the City of London's Data Protection Policy which is available through the Chamberlain's Department, Guildhall, London.

Student's

Full Name _____

Date of Birth (DD/MM/YYYY) _____

1 Ethnicity Monitoring

Please tick a box below to identify your ethnicity. We use this data to help us evaluate our services and plan for future provision:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Black or Black British Caribbean | <input type="checkbox"/> Asian or Asian British Indian | <input type="checkbox"/> Mixed - White and Black Caribbean |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Black or Black British African | <input type="checkbox"/> Asian or Asian British Pakistani | <input type="checkbox"/> Mixed - White and Black African |
| <input type="checkbox"/> Arab | <input type="checkbox"/> Other Black background | <input type="checkbox"/> Asian or Asian British Bangladeshi | <input type="checkbox"/> Mixed - White and Asian |
| <input type="checkbox"/> Information refused | <input type="checkbox"/> Other Ethnic Background | <input type="checkbox"/> Other Asian Background | <input type="checkbox"/> Other Mixed background |

2 Disability Monitoring

If you have any special requirements due to a disability or long term medical condition please let us know full details **on the application form** so we can try to offer facilities which meet your needs. If you prefer to discuss this in confidence you can contact LYWB Administration on +44 (0)20 7928 3844. Data on this page will be used to help us evaluate our services and plan for future provision and also to prompt us to contact you with advice and support if you are offered a place.

a) Do you consider your child to have a disability or long-term medical condition? If so, Yes No
please specify which using the tick boxes below:

- | | | |
|--|--|--|
| <input type="checkbox"/> Your child has a social/communication impairment such as Asperger's syndrome or other autistic spectrum disorder | <input type="checkbox"/> Your child is deaf or have a serious hearing impairment | <input type="checkbox"/> Your child is blind or have a serious visual impairment uncorrected by glasses |
| <input type="checkbox"/> Your child has a long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy | <input type="checkbox"/> Your child has a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D | <input type="checkbox"/> Your child has a mental health condition, such as depression, schizophrenia or anxiety disorder |
| <input type="checkbox"/> Your child has a physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches | <input type="checkbox"/> Your child has two or more impairments and/or disabling medical conditions | |
| <input type="checkbox"/> Your child has a disability, impairment or medical condition that is not listed above (I) | | |

3 Socio-Economic Monitoring

Please tick the box that is the nearest description of the highest earning parent/guardian's occupation

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Managers and senior officials | <input type="checkbox"/> Professional occupations (e.g. doctor) | <input type="checkbox"/> Associate professional and technical occupations (e.g. nurse) | <input type="checkbox"/> Administrative and secretarial occupations |
| <input type="checkbox"/> Skilled trades occupations (e.g. plumber) | <input type="checkbox"/> Personal service occupations (e.g. airline steward) | <input type="checkbox"/> Sales and customer service occupations | <input type="checkbox"/> Process, plant and machine operatives |
| <input type="checkbox"/> Elementary occupation (e.g. messenger) | <input type="checkbox"/> Student | <input type="checkbox"/> Never worked and long-term unemployed | <input type="checkbox"/> Information refused |

Signature _____

Date _____