

# Sheffield Music Academy Application Form

## Applicant Details

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First name

Surname

---

Date of birth

Age on 1st September

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Address

---

Postcode

---

Telephone

Mobile

---

Email

---

Instrument/voice

---

Other instruments (if any)

---

Name of your instrument teacher

---

Teacher's contact telephone

---

Teacher's address

---

How long have you studied your instrument/voice?

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Please give us some examples of your musical experiences

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If you have taken any exams please indicate your latest grade

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Do you play/sing in any orchestras, choirs or ensembles? If so, please list them

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What are your musical interests?

---

School attended by applicant

---

School address

---

Headteacher

Head of Music

---

Signature of parent/guardian

Date

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Please return this section along with the optional Equal Opportunities monitoring form as soon as possible to:  
**John Grundy, Director, Sheffield Music Academy, 40 Victoria Street, Sheffield S3 7QB**

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## Teacher Reference

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First name

Surname

---

Student name

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Please provide a brief outline of the ways in which this pupil is progressing along with any other information you feel is relevant

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Signature of Teacher

Date

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Please return this form as soon as possible to:  
**John Grundy, Director, Sheffield Music Academy, 40 Victoria Street, Sheffield S3 7QB**

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## Equal Opportunities Monitoring (optional)

In order to monitor the effectiveness of our equal opportunities selection policy, it is important to collect information which might identify possible and indirect barriers to enrolment. In line with our commitment to equality, any information provided will be treated with the strictest confidence and will not form any part of the selection process.

### Personal Details

Date of birth

Gender (please tick)      M      F

### Cultural Diversity (Please tick which ethnic category best represents the applicant)

White or White British

- |                                |  |
|--------------------------------|--|
| <input type="checkbox"/> White | <input type="checkbox"/> British   |
| <input type="checkbox"/> Irish | <input type="checkbox"/> Any other white background (please state below) |
- .....

Asian or Asian British

- |  |  |
|--|--|
| <input type="checkbox"/> Asian Bangladeshi | <input type="checkbox"/> Asian Indian                                    |
| <input type="checkbox"/> Asian Pakistani   | <input type="checkbox"/> Any other Asian background (please state below) |
- .....

Black or Black British

- |  |  |
|--|--|
| <input type="checkbox"/> Black African | <input type="checkbox"/> Black Caribbean                                 |
|  | <input type="checkbox"/> Any other Black background (please state below) |
- .....

Chinese or other ethnic group

- |                                  |                                    |
|----------------------------------|------------------------------------|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Any other |
|----------------------------------|------------------------------------|
- .....

Dual Heritage

- |   |   |
|---|---|
| <input type="checkbox"/> Dual Asian & White           | <input type="checkbox"/> Dual Black African & White                     |
| <input type="checkbox"/> Dual Black Caribbean & White | <input type="checkbox"/> Dual Chinese & White                           |
|   | <input type="checkbox"/> Any other dual background (please state below) |
- .....

Do you consider yourself to have a disability

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Please return this section along with the Student Application form as soon as possible to:  
**John Grundy, Director, Sheffield Music Academy, 40 Victoria Street, Sheffield S3 7QB**