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|  | **MMA’s Summer Music Courses 2024**  **at Rainham Mark Grammar School**  **APPLICATION FORM**  **Closing date for applications – Thursday 20th June 2024**  **Full details of all courses can be found at** [**www.medwaymusicassociation.co.uk**](http://www.medwaymusicassociation.co.uk)  **For any enquiries, please contact us at** [**info@medwaymusicassociation.co.uk**](mailto:info@medwaymusicassociation.co.uk)   |  |  |  |  | | --- | --- | --- | --- | | **Course Name** | **Course Date(s) / Times** | **Entry Requirements** | **Select/Tick** | | **KS1 Music Course**  **for Children in Year 1** | **20 July 2024**  **09:45 – 11:45** | No experience necessary  ***\*Applicants must be in Year 1 at the time of application*** |  | | **KS1 Music Course**  **for Children in Year 2** | **20 July 2024**  **12:45 – 14:45** | No experience necessary  ***\*Applicants must be in Year 2 at the time of application*** |  | | **Summer Holiday Beginner Music Course**  1 DAY COURSE | **21 July 2024**  **09:45 – 15:00** | No experience necessary  For ages 7-14  **(Years 3 - 9)** |  | | **Summer Holiday Instrumental Course**  3 DAY COURSE | **22 - 24 July 2024**  **22nd and 23rd**  **09:45 – 15:00**  **24th**  **09:45 – 15:15** | Grade 2 to 8 standard instrumentalists  For ages 8 – 18  **(Years 4-13)**  ***\*Applicants must attend all three days*** |  | |  |

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| **Student details** | | | |
| First name |  | Surname |  |
| Date of Birth |  | Address |  |
| School Attending |  |
| School Year Group |  | Postcode |  |
| Doctor’s Name |  | Doctors Telephone Number |  |

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| Emergency Contact Details - PLEASE SUPPLY TWO EMERGENCY CONTACTS | | | |
| Name of Contact 1 |  | Name of Contact 2 |  |
| Relationship to child |  | Relationship to child |  |
| Contact Number(s) |  | Contact Number(s) |  |
| Address (if different from above) |  | Address (if different from above) |  |

**Please write email addresses clearly as our communications will be sent via email.**

**\*By completing the Student email you are agreeing for MMA/Dynamics to contact them directly via email. The parent/carer will always be copied into all emails.**

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| **Email Address\*** | |
| Parent/Carer Email: |  |
| Student Email: |  |

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| **Medical Information** | | | |
| Does your child have any medical/other conditions we may need to know about? | No |  | *If yes please give details* |
| Yes |  |
| Would you describe your child as having a disability? | No |  | *If yes, how would you describe the disability* |
| Yes |  |
| Prefer not to say |  |
| Do you consider that your child has learning difficulties? | No |  | *If yes please give details* |
| Yes |  |
| Prefer not to say |  |

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| **Medical Consent** | |
| I agree to the person in charge giving consent on my behalf for an anaesthetic to be administered or for any other urgent medical treatment | |
| Signed | Date |
| **Photographic Consent** | |
| I give consent for photographs/video images to be taken of my child and used for publicity purposes including press, media and website publications. | |
| Signed | Date |

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| **Musical details** | |
| What instrument (or instruments) does your child play? |  |
| If they play more than one instrument, please state which one they would like to play on the course. |  |
| What is the name of their instrumental teacher? |  |
| How long have they been playing? |  |
| Please state any grades achieved to date or what standard they are at if no grades have been taken. |  |

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| **How would you describe your child (please tick)** | | | | | |
| White | British |  | Black/Black British | African |  |
|  | Irish |  |  | Caribbean |  |
|  | Gypsy or Irish Traveller |  |  | Any other Black background |  |
|  | Any other White background |  | Mixed | White and Asian |  |
| Asian/Asian British | Chinese |  |  | White and Black African |  |
|  | Bangladeshi |  |  | White and Black Caribbean |  |
|  | Indian |  |  | Any other Mixed background |  |
|  | Pakistani |  | Other Ethnic Group | Arab |  |
|  | Any other Asian background |  |  | Any other ethnic group |  |
|  |  |  |  | Prefer Not to say |  |

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| Does your child receive Free School Meals? *Please tick* | Yes |  |
| No |  |
| Prefer not to say |  |

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| **Please provide any additional information you consider useful for MMA to know** |
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| Confidentiality Agreement |

*The information you have given on this form may be kept in paper form and will be held in our secure client database. It is covered by the Data Protection Act 2018 and GDPR regulations.  This means that you have the right to see any information that is kept about you if you want to.  This information will be shared with Arts Council England.  It may also be passed on if there is a risk of serious harm or threat to life.*

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| Declaration |

Parent/Carer Signature

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| **Signed** |  | **Name** | Date |

**Payments**

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| **Course Name** | **Cost** |
| **KS1 Music Course for Children in Year 1** | **£5.00** |
| **KS1 Music Course for Children in Year 2** | **£5.00** |
| **Summer Beginner Music Course** | **£5.00** |
| **Summer 3 Day Instrumental Course** | **£15.00** |

**Paying by cheque – Please send completed form and a cheque made payable to Medway Music Association to**

**Medway Music Association, C/O Sarah Coole, 95 Weston Road, Rochester, Kent. ME2 3HB.**

**Paying by Bank Transfer – Please email completed form to** [**info@medwaymusicassociation.co.uk**](mailto:info@medwaymusicassociation.co.uk) **and ask for BACS details.**

**Members of MMA’s Music Centre – Members can hand their forms in at the music centre and can pay by cheque/BACS or cash.**

**It is hoped that all applicants will be accepted for the Music Courses, but places will be allocated on a first come, first served basis.  Places are secured on receipt of payment and payments are non-refundable.**

**\****please note, payment will not be taken from unsuccessful applicants.*

**Closing date for applications is Thursday 20th June 2024.**

**If you have any queries, please contact us at** [**info@medwaymusicassociation.co.uk**](mailto:info@medwaymusicassociation.co.uk)