

Royal Scottish Academy of Music and Drama

100 Renfrew Street, Glasgow G2 3DB Tel: 0141-332 4101

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 CUKAS at www.cukas.ac.uk

Please use BLOCK CAPITALS

1 TITLE/NAME/ADDRESS	2 FURTHER DETAILS
<p>Title <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>Surname/ Family name</p> <p>First/given name(s)</p> <p>Correspondence address</p> <p><input style="width: 100%; height: 20px;" type="text"/></p> <p><input style="width: 100%; height: 20px;" type="text"/></p> <p style="text-align: right;">Postcode (UK only)</p> <p><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>Main Contact Number (including STD/ area code) Tel: <input style="width: 100%;" type="text"/></p> <p>Fax: <input style="width: 100%;" type="text"/></p> <p>e-mail: <input style="width: 100%;" type="text"/></p> <p>Home address (if different)</p> <p><input style="width: 100%; height: 20px;" type="text"/></p> <p><input style="width: 100%; height: 20px;" type="text"/></p> <p style="text-align: right;">Postcode (UK only)</p> <p><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>Home contact number (if different) (including STD/area code) Tel: <input style="width: 100%;" type="text"/></p> <p>Fax: <input style="width: 100%;" type="text"/></p> <p>e-mail: <input style="width: 100%;" type="text"/></p> <p>Previous surname/ Family name <input style="width: 100%;" type="text"/></p>	<p>Your age on 30 September in year of entry:</p> <p>Years <input style="width: 20px; height: 20px;" type="text"/> Months <input style="width: 20px; height: 20px;" type="text"/> Male (M)/Female (F) <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p>Date of birth (DD MM YY) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>Disability/special needs/ medical condition <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p>Student Registration Number for vocational qualifications or Scottish Candidate Number <input style="width: 100%; height: 20px;" type="text"/></p> <p>Likely source of finance _____</p> <p>If born outside the UK, date of first entry to live in the UK (DD MM YY) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>Residential Category <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p>Country of permanent residence _____</p> <p>Country of birth _____</p> <p>Nationality _____</p>

3 Course applied for :

Continuing Education

Other

(Please Detail) _____

Number of units applied for: _____

4 Proposed Principal Study _____

If Singer, please state voice type _____

5 Did you have an advice audition prior to making this application? Yes No

6 Give a brief statement of your aims in applying for the course.

7 List other Music Colleges and other Institutions of Higher Education to which you are applying.

8 Detail in chronological order the secondary schools, colleges and further or higher education institutions you have attended.

Name	Address	From		To	
		Mth	Year	Mth	Year

12 Detail music examinations to be taken or results pending.

Examining Body	Month and Year of Examination	Subject	Grade

13 If you have been a junior music student or a part-time student at the RSAMD or another music college, please state teachers and period of attendance.

Period of Attendance	Teacher/Institution

14 Give details of your performance experience e.g. solo, orchestral, choral, ensemble, conducting and your general music interests:

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15 Give details of the REFEREES to whom the appropriate enclosed papers have been submitted.

ACADEMIC	Name		
	Address		
		Postcode	Tel No:
MUSIC	Name		
	Address		
		Postcode	Tel No:

16 Give details of any special needs, arising from a disability, medical condition or specific learning disability, stated in section 2, that might necessitate special arrangements or facilities.

17 Give details of how you propose to meet the fees and maintenance expenses for the full duration of the proposed course.

18 State where or from whom you first heard of the course, e.g. careers service, teacher (state whether at school or privately), press advertisements (state title of publication) or other source.

19 Criminal convictions: Do you have any criminal convictions?

Yes

No

DECLARATION

I confirm that all the particulars supplied by me on this form are correct and that I shall inform the RSAMD immediately if I decide not to proceed with my application at any time. I enclose the registration fee and understand that my application cannot be processed without it.

Signature of applicant _____ Date _____

Signature of Head Teacher _____ Date _____
(where applicable)

Please note that data collected from the application form will be stored on computer and will be used in compliance with the Data Protection Act.

FOR OFFICE USE ONLY

Date Received _____	Photograph Attached <input type="checkbox"/>
Receipt No. _____	Reference Received <input type="checkbox"/>
Audition Date _____	Composition(s) Received <input type="checkbox"/>
	Outcome <input type="checkbox"/>