

# jazz

## Summer School

## Application Pack 2019

Please print and complete the application form before **Monday 20 May 2019** and return it with a **non refundable deposit of £100** to The National Youth Orchestras of Scotland, 13 Somerset Place, Glasgow, G3 7JT

Our jazz summer course will run from **Sunday 14 to Thursday 18 July**. The fee for this course is £415. This includes all activities, accommodation and meals.

A cancellation fee will be charged should you withdraw from any course after acceptance of the invitation. The cancellation fee will be dependent on the withdrawal date:

Cancellation Period	% of Total Membership Fee
Up to 31 May	Loss of Non-Refundable Deposit
1 June onwards	100%

In the event of a student having to withdraw from any course due to illness, the cancellation fee will be dependent on receipt of a doctor's certificate.

Applications are invited from instrumentalists born, or currently living/studying in Scotland. Student places are allocated on a first, come first served basis.

*Thank you*

**\*\*PLEASE PROVIDE A DIGITAL OR A PASSPORT SIZE PHOTOGRAPH WITH YOUR COMPLETED APPLICATION FORM\*\***  
(caption with name and instrument on photo file or label on the reverse of photograph)

It is essential for parents / guardians to complete all questions on the Payment Form and send it to the NYOS Office, 13 Somerset Place, Glasgow. G3 7JT by Monday 20 May 2019 or scan and email your application to corinnagregory@nyos.co.uk

Name of Applicant \_\_\_\_\_ Instrument \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_

Local Authority \_\_\_\_\_

## DEPOSIT

Enclosed Cheque or BACS

The non refundable deposit of £100 to secure my child's place will be paid as indicated.



Date deposit made by BACS \_\_\_\_\_

## PAYMENT OF BALANCE

Cheque or BACS

OPTION 1: A one-off payment of £315 by end of June 2019



OPTION 2: Two single payments of £162.50 in June and July\*



\* Please note that OPTION 2 incurs administration costs

Cheques should be made payable to NYOS (please be sure to date and sign).

NYOS bank details for BACS: Account No 00662401, Sort Code 83-21-08

Email Address for balance invoice: \_\_\_\_\_

## BURSARY

I wish to apply for a bursary from NYOS and will complete and return the Bursary Application Form by Monday 31 May 2019

To apply please complete the form below in **BLOCK CAPITALS** and return to the **National Youth Orchestras of Scotland, 13 Somerset Place, Glasgow, G3 7JT** by Monday 20 May 2019 or scan and email your application to [corinnagregory@nyos.co.uk](mailto:corinnagregory@nyos.co.uk)

**PLEASE PROVIDE A DIGITAL OR A PASSPORT SIZE PHOTOGRAPH WITH YOUR COMPLETED APPLICATION FORM**  
(caption with name and instrument on photo file or label on the reverse of photograph)

Name of Applicant \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age (at 1st July 2019) \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Telephone No. \_\_\_\_\_ Local Authority/Council \_\_\_\_\_

Parent Mobile No. \_\_\_\_\_

Parent Email Address \_\_\_\_\_

Name and Address of School \_\_\_\_\_

Application Instrument \_\_\_\_\_

Most recent exam sat and marks achieved (if applicable) \_\_\_\_\_

Are you currently a member of any other orchestra or ensemble? Please give details \_\_\_\_\_

Name of instrumental teacher \_\_\_\_\_

Please tick the appropriate box:

Private Teacher

Local Authority employed Teacher

Signature of Parent/Guardian \_\_\_\_\_ Please print \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Please print \_\_\_\_\_

It is essential for parents / guardians to complete all questions on the Member Information Form and send to the NYOS Office, 13 Somerset Place, Glasgow, G3 7JT by Monday 20 May 2019 or scan and email your application to [corinnagregory@nyos.co.uk](mailto:corinnagregory@nyos.co.uk)

## PERSONAL DETAILS

Name of Applicant \_\_\_\_\_

Instrument \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_

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## MEDICAL INFORMATION

All Medical Information is confidential and will be treated as such by NYOS

Doctor's Name \_\_\_\_\_ Doctor's Telephone \_\_\_\_\_

Doctor's Address \_\_\_\_\_

Please describe any medical factors which might affect participation \_\_\_\_\_

\_\_\_\_\_

Does your child suffer from any of the following:

- |                                   |                                   |  |
|-----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Asthma   | <input type="checkbox"/> Anxiety Attacks |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Travel Sickness |

Please give history of frequency of above if appropriate \_\_\_\_\_

\_\_\_\_\_

Please give details of any medication taken regularly (indicate type and frequency of use) \_\_\_\_\_

\_\_\_\_\_

Please list further information if required \_\_\_\_\_

\_\_\_\_\_

## DIETARY REQUIREMENTS

My child has special dietary requirements (please give specific details of any allergies etc) \_\_\_\_\_

My child is a vegetarian  My child is a vegan

## EMERGENCY CONTACTS

Please give details of 2 emergency contacts, one of whom should be a parent/guardian

Name \_\_\_\_\_

Home Telephone \_\_\_\_\_

Mobile \_\_\_\_\_

Relationship to student of emergency contact \_\_\_\_\_

Name \_\_\_\_\_

Home Telephone \_\_\_\_\_

Mobile \_\_\_\_\_

Relationship to student of emergency contact \_\_\_\_\_

## PHOTOGRAPHY & FILMING

I consent to photographs and videos being taken of my child by NYOS Staff or Professionals engaged by NYOS during any course or concert in 2019

I consent to such photographs and videos being used by NYOS in 2019 and after my child's Membership of NYOS has ceased

I do not consent to photographs and videos being taken of my child

## PARENTAL / GUARDIAN CONSENT

I agree to my child taking part in the Jazz Summer School Course in 2019.

I accept that there will be a cancellation charge, if my child withdraws from the course.

I agree that in case of emergency the NYOS Management acting in 'loco parentis' may authorise, on my behalf, essential medical treatment for my child during the course.

Signed \_\_\_\_\_ (parent/guardian)

Date \_\_\_\_\_