



LCM JUNIOR COLLEGE APPLICATION FORM

Personal details

Please complete in BLOCK CAPITALS

Title (eg Miss/Mr)	<input type="text"/>	Student ID number	<input type="text"/>
Surname	<input type="text"/>	Place and date of birth	<input type="text"/>
Forename(s)	<input type="text"/>	Age	<input type="text"/>
Address	<input type="text"/> <input type="text"/>	Sex (M/F)	<input type="text"/>
Postcode	<input type="text"/>	School	<input type="text"/> <input type="text"/>
Telephone number	<input type="text"/>	Nationality	<input type="text"/>
Daytime	<input type="text"/>		
Parent/Guardian email	<input type="text"/>		

Please mark the box which you feel best reflects your ethnic origin.

Asian other	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Black African	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Black other	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Indian	<input type="checkbox"/>	White	<input type="checkbox"/>
Other (please specify)	<input type="text"/>	Prefer not to answer	<input type="checkbox"/>		

Please state which instrument you wish to learn, followed by the current grade you have taken. If you are wishing to start an instrument, please state 'beginner'.

Previous musical experience

If your son or daughter has any experience such as singing in a choir at school or elsewhere, or playing in an orchestra, ensemble or some other group, please give details:

Disability

University of West London welcomes and supports students with learning difficulties and disabilities. To help us provide our support services, please mark boxes which are appropriate to you.

Dyslexia	<input type="checkbox"/>	Blind/partially sighted	<input type="checkbox"/>
Deaf/hearing impairment	<input type="checkbox"/>	Wheelchair user/mobility disabilities	<input type="checkbox"/>
Personal care support	<input type="checkbox"/>	Mental health difficulties	<input type="checkbox"/>
Unseen disability e.g. diabetes, epilepsy, asthma	<input type="checkbox"/>	Multiple disabilities	<input type="checkbox"/>
A disability or special need not listed above (please specify)	<input type="text"/>		

Fees Who will pay your fees? (Please mark all boxes that apply)

I will be paying my fees in full by: Credit/debit card

The following organisation will be paying all or part of my fees: Local Education Authority (LEA)
 Other

Please complete the details of the organisation paying your fees

LEA/organisation

Address

Telephone number

Declaration

The information on this form will be used in accordance with the University's policy on personal data. Please refer to this policy which is published on the University website if you require information concerning the disclosure of information about you to third parties.

Please attach one passport sized photograph

Please use staples or paper clips – NOT ADHESIVE.

I understand that if I am paying by installments, it is my responsibility to ensure that these installments are adhered to. I am aware that there is no automatic reduction or waiver of fees in the case of withdrawal or non-attendance. Students

are required to inform the university of any change to circumstances affecting eligibility for a concession fee.

I agree to make myself familiar with and abide by the regulations of the University and of any subsequent amendments.

***Please note: Half a term's notice, or fees in lieu of notice, are required to terminate this course*.**

When complete please return to:

Carole Welch, Junior College
University of West London
London College of Music
St Mary's Road, Ealing W5 5RF
Tel: 02082312168

Student signature

Date

Mr./Miss/Mrs./Ms.

Parent/Guardian Name (please print)

Parent/guardian signature

Date

Staff signature

Staff name

TO BE COMPLETED BY UNIVERSITY STAFF

Course code	Title	Period	Expected end		Tuition fee (£)	(FE Only) Ann. GLN
			Start date	date		
			/ /	/ /		