



RIVERSIDE MUSIC COMPLEX

Course Application Form

Mr/Mrs/
Miss/Ms _____ First Name(s) _____
Surname _____
Address _____

Postcode _____

If you require any assistance in filling out this application please contact Learner Services on 0141 644 5571.

Please use BLOCK CAPITALS to complete this form

Personal Details

Home Telephone: _____
Email address: _____

Mobile or contact telephone: _____
Date of birth: _____ Age: _____

Gender (tick one): Male Female Nationality: _____

If you have a National Insurance number please enter here: _____

SQA/SCOTVEC Candidate Number (if known): _____

Have you previously been a student at Riverside? Yes No

Course(s) Applied For

		Full-time	Part-time
1 st choice:	_____	<input type="checkbox"/>	<input type="checkbox"/>
2 nd choice (if any):	_____	<input type="checkbox"/>	<input type="checkbox"/>

Please note Riverside Music Complex reserves the right to alter or cancel courses, their content, entry requirements or other details should circumstances dictate.

Education Details

Last or current Secondary School or College:

Date of leaving/intended date of leaving:

Qualifications Achieved (continue on a separate sheet if necessary)

Please list any qualifications that you already have and attach a photocopy of your Scottish Qualifications Certificate issued by the Scottish Qualifications Authority (SQA)

Subject	Level Achieved	Subject	Level Achieved
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Qualifications Pending (if none please write 'NONE')

Subject	Level Achieved	Subject	Level Achieved
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Reason for Applying (continue on a separate sheet if necessary)

Tell us why you want to do the course.

Work Experience (continue on a separate sheet if necessary)

Help and Support

At Riverside Music Complex we are committed to supporting students with their learning experience. To help us meet your requirements please answer the following questions:

Do you have any medical problems? Yes No

Do you have any disabilities*? Yes No

*Current Disability Discrimination legislation defines disability as a physical or mental impairment which has a substantial and long term effect on a person's ability to carry out their normal day to day activities

Do you have any special learning needs (eg dyslexia?) Yes No

If you ticked 'Yes' to any of the above we would encourage you to share details of any needs you may have so we can prepare to help you make the most of your time at Riverside.

Equal Opportunities

Riverside Music Complex is committed to a policy of equal opportunities and we always aim to ensure that no applicant receives less favourable treatment than any other on grounds including race, colour, nationality, ethnic or national origins, religion, sex, sexuality, marital status or disability.

To assist us in monitoring our Equal Opportunities Policy please select which box provides the most accurate description of yourself:

Asian, Asian Scottish or Asian British	White	Black, Black Scottish or Black British
<input type="checkbox"/> Indian	<input type="checkbox"/> Scottish	<input type="checkbox"/> Caribbean
<input type="checkbox"/> Pakistani	<input type="checkbox"/> English	<input type="checkbox"/> African
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Welsh	<input type="checkbox"/> Other
<input type="checkbox"/> Chinese	<input type="checkbox"/> Irish	Mixed or Other Ethnic Background <input type="checkbox"/> Any other background
<input type="checkbox"/> Other	<input type="checkbox"/> Other	

Source of Enquiry

Please let us know where you heard about Riverside Music Complex

Signature

'I declare that the information provided on this form is true and correct. I agree to my details being held on Riverside's information systems. I understand that this information is protected under the Data Protection Act and I agree to the release as required to the Scottish Executive and its Agencies, Scottish Funding Council, Benefits Agency, SAAS, SQA, Bursary Provider, Employer/Sponsor, Parent/Guardian (if you are under 18 years old) and as the law may require.'

Signature

Date

If you are currently under the age of 16 this form must be countersigned by a parent or legal guardian below:

Name

Parent

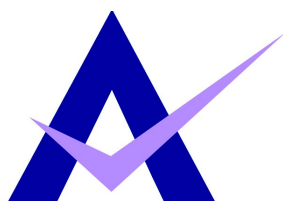
Legal
Guardian

Signature

Date

Thank you for completing this form. Please post to:

Riverside Music Complex
28 Field Road
Busby
G76 8SE



**SQA Approved
Centre**

YOUR MUSIC INDUSTRY CAREER STARTS NOW!