



# JAM 4 Application form 2017-18

## Creative Music Technology

### 1 Parent/Guardian's Details

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Post code: \_\_\_\_\_

Telephone (Home) \_\_\_\_\_

Telephone (mobile): \_\_\_\_\_ Email: \_\_\_\_\_

### 2 Child's Details:

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Male/Female (please circle) \_\_\_\_\_ D.O.B. \_\_\_\_\_

School attending \_\_\_\_\_ Class in 2017-18 \_\_\_\_\_

If your child plays any musical instrument please state the instrument(s) and the length of time played:

.....

**Please state why you are interested in JAM Four – Creative Music Technology:**

**JAM 4 fees: term I £110 with form term II £110 by 23 Sept term III £110 by 3 Dec**

### Office use only

Application - date received			
Payment dates	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
Receipt nr:			

### 3 Other Details:

Please provide additional information or special requirements which you think the JAM staff ought to know about your child – eg dietary needs, medical condition, allergies, specific learning disability or wheelchair access that might require further arrangements or facilities if offered a place:

Please tick this box **if you are willing** to allow photographs / filming of your child to be taken with the possibility that they may be used in future promotional material, media articles and website.

I understand that the School of AEL Arts does not accept responsibility for loss of money, valuables or personal property.

Please enclose payment (if cheque then payable to **Queen's University Belfast**) for the full amount or for the first installment. Due to administrative costs fees are non-refundable unless a full month of notice has been given in writing to the JAM administrator, in which case half-term's fees apply.

**If you wish for your fees to be paid in 6 instalments please let us know.**

Parent or Guardian Signature: \_\_\_\_\_

I have included 1<sup>st</sup> payment with this form (please tick)

cheque

cash

Date: \_\_\_\_\_

Please return this form and payment to:

Dr Juliana Licinic van Walstijn  
JAM Junior Academy of Music  
School of Arts, English and Languages  
Music Building  
Queen's University  
Belfast  
BT7 1NN

### JAM Access Bursaries

There is a limited number of JAM Access Bursaries on each of our JAM programmes. These bursaries are aimed at those families in receipt of free school meals.

All children eligible for free school meals (according to the Education authority guidelines) are eligible to apply.

Please ask for JAM Access Bursaries Application form if you wish to apply.

## Parental Consent Form

**School:** School of AEL  
**Activity:** Junior Academy of Music (JAM)  
**Co-ordinator:** Dr Juliana Licinic van Walstijn  
**Location:** Music building, 21 Univ Square or SARC (please circle)  
**Dates:** September 2017-June 2018

The information provided on this form will be held in confidence and will not be disclosed to any third party unless required in the event of an emergency.

<b>Child's name:</b>		<b>Date of birth:</b>	
<b>Address:</b>			
<b>Emergency contact 1 details:</b>		<b>Emergency contact 2 details:</b>	
Name:		Name:	
Home number:		Home number:	
Work number:		Work number:	
Mobile number :		Mobile number :	
Relationship to child:		Relationship to child:	
<b>GP Name and Contact Details</b>			
Name:			
Telephone number:			
Address:			
<b>Details of any known conditions</b> (e.g. asthma, diabetes, epilepsy), allergies etc. and any medication being taken			
Known conditions:			
Allergies:			
Medications:			

<b>Any other</b> special needs, requirements, dietary requirements or directions that would be helpful for the University to know about	
<b>Other persons authorised to collect the child</b> Name: Telephone number: Address:	

- **I give permission for my child to attend the activity/event detailed above and to participate in all the activities.**
- For activities that take place on more than one occasion, **I will inform the co-ordinator of any changes to my child's health**, medication or needs and also any changes to our address, our email address or to any of the phone numbers given above.
- In the event of illness or accident, having parental responsibility for the above named child, I give permission for first aid to be administered where considered necessary by a trained first aider, if available, or medical treatment to be administered by a suitably qualified medical practitioner.
- If I cannot be contacted and my child should require emergency hospital treatment, I authorise an adult leader to sign on my behalf any form of written consent required by the hospital. However, I understand that every effort will be made to contact me as soon as possible.

**I confirm that the above details are correct to the best of my knowledge.**

**Signed (parent/guardian):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name printed in full:** \_\_\_\_\_