

## Love your Orchestras

## **MENTORING SCHEME 2018 / 2019 - APPLICATION FORM**

APPLICANT.	INFORMATION								
Surname				First Name			Initial	Date	
Street Address									
Town/City				County			Postcode		
Mobile Phone Number:				E-mail Address					
Instrument:	Instrument: College:			Indicate full or part time attendance:  Tutor:					
List Relevant O Experience:	rchestral								
<b>EDUCATION</b>									
Secondary Education			Address						
From	То								
College University			A	ddress					
From	То	Qualification							
College University			A	ddress					
From	То	To Qualifications							
TUTOR (PLE	ASE SIGN TO CON	FIRM STUD	ENT IS FU	LLY PREPARI	ED FOR A PROFESSIO	NAL (	DRCHESTRAL A	UDITION)	
Full Name					College	College			
Phone:					Email:				
Signed:					Date:				
AF	PPLICANT								
Signed: TU	JTOR				Date:				

This scheme is open to all 3<sup>rd</sup> level and postgraduate performers. The level expected is that of a professional orchestra. Applications must be approved by a Tutor and returned to the designated person in the college by **Tuesday**, **30**<sup>th</sup> **October 2018**.