

Application Form for Tuition

Teacher Initials

Please complete in BLOCK CAPITALS

Full Name of Child

Date of Birth Instrument

Address

Post Code Gender

Mobile Tel No Home Tel No

Email

Academy Attended

Is this child looked after by the Local Authority? (Wakefield) **Yes / No**

If yes, please provide the name of the child's social worker

Does your child have any special educational needs or learning difficulties that the Instrumental Teacher should be aware of? **Yes / No**

Do you have any other children who receive tuition through Wakefield Music Services? **Yes / No**

If yes, please give their names

Consent for Photography

Wakefield Council may wish to take photographs / make a video recording of your child. These images may appear on a video or on our website. To comply with the Data Protection Act 1998, we need your permission before we take any images of your child.

Please answer the following two questions then sign and date the form below.

May we use your child's image in our printed promotional publications? **Yes / No**
 May we use your child's image on our website? **Yes / No**

Please note that websites can be viewed throughout the world, not just in the United Kingdom where UK law applies. **If yes**, I confirm I have read and understand the Conditions of Use detailed on the reverse

Parent/Carer Details

Mr / Mrs / Miss / Other (please state) First Name Surname

I give permission for my child to commence tuition provided by Wakefield Music Services.

Signed **Date**

**Please return completed form to Wakefield Music Services,
 Manygates Lane, Wakefield WF2 7DQ**