

**WHICH COURSE ARE YOU APPLYING FOR?**

- 2 Year Professional Conservatoire Training       Summer (4 Week)
- 1 Year Vocational Training       Summer (2 Week)
- 3 Month Intensive

**CANDIDATE DETAILS**

Please complete in block capitals.

|                               |  |
|-------------------------------|--|
| Forenames                     |  |
| Preferred Name and/or Pronoun |  |
| Surname                       |  |
| Date of Birth                 |  |
| Gender                        |  |
| Nationality                   |  |
| Email Address                 |  |
| Postal Address                |  |
| Postcode/ZIP Code             |  |
| Contact Telephone Number(s)   |  |

## NAME OF PARENT/GUARDIAN

(if under 18)

|                             |  |
|-----------------------------|--|
| Full Name                   |  |
| Contact Telephone Number(s) |  |
| Relationship to Student     |  |

## MEDICAL CONDITIONS

Do you have any illness, long term health condition or any disability that you would like to make us aware of? (if offered a place this information is crucial for us to give as much support as possible).

## PERSONAL STATEMENT

Please attach one side of A4 (500-550 words). Let your personal statement focus on why you believe you should train at Fonact.

## FEES & LIVING EXPENSES

If offered a place please tell us how you plan to meet the full costs of your training & living expenses.

- Annually                       Pay by term
- Other (please specify)

## HOW DID YOU HEAR ABOUT US?

## SIGNATURES

Candidate Signature

Parent/Guardian Signature\*

Date

*\*If candidate is under 18 years of age or the parent/guardian is meeting the cost of fees and/or accommodation, please sign the parent/guardian box.*

## CHECKLIST

Please include the following with your application form:

- Personal Statement
- Resume
- Headshot

**PLEASE SEND TO:** [applications@fonact.com](mailto:applications@fonact.com)