

Application Form for Bursary

All data will be kept confidential and used in accordance with the Data Protection Act.

It is important that the college has up to date contact details for students in order to contact you in case of last minute changes to classes, examinations or illness during a lesson etc. **Please note that if under 18 only parent/guardian contact details should be given.**

* Medical Information: Please indicate if there is any illness, medical condition, allergy or injury that the College should be aware of.

| | | |
|--|-----------------------------|---------------------------|
| NAME OF STUDENT: | | |
| Date of Birth (if under 18) | | |
| * Medical Info: | | |
| Type of Tuition: | | |
| NAME OF PARENT/GUARIDAN (if under 18) | | |
| Address (including Post Code): | | |
| Email Address: | | |
| Home Phone Number: | Mobile Phone Number: | Work Phone Number: |
| How did you find out about UCM? | | |

Please tick below to indicate which benefit you are in receipt of

PLEASE ATTACH A COPY FOR PROOF OF RECEIPT OF BENEFIT

| | |
|---|--------------------------|
| Children Eligible for Free School Meals | <input type="checkbox"/> |
| Income Support/Employment Support Allowance | <input type="checkbox"/> |
| Income-Based Jobseekers Allowance | <input type="checkbox"/> |
| Working Tax Credit | <input type="checkbox"/> |
| Incapacity Benefit | <input type="checkbox"/> |
| Pension Credit (Guarantee Credit) | <input type="checkbox"/> |
| Support Under Part VI of the Immigration and Asylum Act 1999 | <input type="checkbox"/> |

Photograph Permission *Please indicate below and circle which option:*

I agree / do not agree to (my child) being included in informal photos for the personal use of families and understand that some photos may be included on Ulster College of Music noticeboards, leaflets, website and social media. Images will be used for College purposes and part of the promotional activities of the College.

| | |
|--|--------------------------|
| I have read and will abide by the College Regulations | <input type="checkbox"/> |
| Signed (Parent/Guardian if under 18): | Date: / /20 |