

General Registration Form

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				
Instrument / Voice		Lesson Length (circle one)	15 mins	30 mins
Type of Tuition (circle one)	Group Individual		45 mins	60 mins
Name of Tutor (optional)				
NAME OF PARENT/GUARDIAN (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?				

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.

Name of Student:

I have read and will abide by the College Regulations				<input type="checkbox"/>	
I agree that the UCM may use the data I have given above for the purpose of information about lessons, performances, examinations and other College events.				<input type="checkbox"/>	
I agree to be contacted by		E-mail	<input type="checkbox"/>	Phone	<input type="checkbox"/>
I also agree to the UCM Privacy Policy and to be contacted by post for the purpose of invoice reminders in order to remain a member of the Ulster College of Music.				<input type="checkbox"/>	
Signed (Parent/Guardian if under 18):			Date:	/	/20