



## Application for Workshops

Please complete the application carefully using BLOCK CAPITALS in BLACK ink/biro.

### SECTION 1 Programme of Study

<b>Qualification Aim</b>	<b>Title of Programme/Workshop</b>	<b>Proposed Date of Entry</b>	
		<small>Month</small>	<small>Year</small>

### Personal Details

<b>Title</b>	<b>Surname</b>	<b>Date of Birth</b>		
		<small>Day</small>	<small>Month</small>	<small>Year</small>
<b>Forename (First Name)</b>		<b>Previous Name(s), if changed</b>		<b>Gender</b>
				M      F

<b>Home Address</b>	<b>Term Time Address (if different)</b>
Postcode:	Postcode:
Telephone 1:	Telephone 1:
Mobile:	E-Mail:

<b>Country of Domicile</b>	<b>Nationality</b>

<b>Next of Kin</b>	
Surname:	Forename:
Next of kin relationship (e.g. parent):	
Telephone	E-mail

*Please turn over*

### Enrolment Decision (OFFICE USE ONLY)

Accept	<input type="checkbox"/>	Conditions	
Reject	<input type="checkbox"/>		
Start Date	<input type="text"/>	Qualification and Programme Title	<input type="text"/>
	<small>Day    Month    Year</small>		
Signature of Admissions Tutor		Date	

## SECTION 2

### Financing your studies (this MUST be completed for your application to be considered)

If you are being part funded or sponsored please give details of all the parties paying for the course and the breakdown of the costs. All parties need to sign to confirm that fees will be paid. If you are intending to self-finance your programs/workshops please write your own name in the box below.

Name of Sponsor	Address	% of fees to be paid	Signature of Sponsor
Other Applicable			

## SECTION 3

### Employment details (for career/ volunteering only)

#### Employers Address

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**Name of Work Contact**

**Telephone Number**


Has the candidate undertaken a police check

Yes

No

How long has the candidate been employed (paid or voluntary) by you

How many hours does the candidate work or volunteer per week

Signature of work place contact

## SECTION 4

### Personal Statement

Please indicate below why you think you would be suitable for this course

## SECTION 5

### Disabilities/Special Requirements

Please give details of any disabilities or other special additional needs.

## SECTION 6

**Declaration:** The information that you have supplied will be processed and held on computer. By signing and returning this application form you will be deemed to be giving your consent to the processing of said data.

I consent to the processing of the data contained in my computer record. I hereby grant the Rhythm Centre authority to release information relating to my status to my funding body or other agencies appropriate.

<b>Signature</b>
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Date of completion		
Day	Month	Year

Please send your completed application form with references, copies of transcripts, copy of English Language certificate and any letters of sponsorship to:

**Administration  
The Rhythm Centre  
P/O Box 571 Cottesloe 6011  
Perth Western Australia**