

**ENSEMBLE APPLICATION FORM  
APPLICANTS DETAILS**

Surname	
First Names	
Date of Birth	
Address	
Post Code	
Home Telephone No	
E-mail	
School / College	
Year	
Instrument	
Teacher	
Approx Grade	
Indicate below your choice of ensemble / instrumental lesson	
1.	
2.	

Applicant's signature:.....

Parent's signature:.....

Date.....

Please return to:  
 Brian Wilshere  
 Ensemble Co-ordinator  
 Portsmouth Music Service, Dame Judith Professional Centre,  
 Sundridge Close, Cosham, Portsmouth, PO6 3JL

Tel: 023 9231 5815

Fax: 023 9232 4849