

SUPPORT THE SOUND

Tel: 020 7635 4163
Mob:- 0795 861 3532
Email: theawrav@gmail.com

REGISTRATION FORM

Please complete in
BLACK INK only

Contact Details

Title (Circle): Mr./Mrs./Ms./Dr./Rev. Christian Name: _____ Surname: _____
Address: _____ Postal code: _____
Date of Birth: ___/___/___ Occupation: _____ Home Tel #: _____
Mobile #: _____ Email: _____

Music Skills & Interests

Ability to read music (Tick One): Yes ___ No ___ Do you have any formal musical training: Yes ___ No ___
Qualifications attained: Are you physically challenged in any way? (e.g. lisp, deafness,
limited sight)

Have you ever performed at*: Church ___ School ___ Local Concert ___ Home ___ Other ___
Do you have composing skills: Yes ___ No ___ Type and number of compositions:

Musical instruments played.....
What do you think your level of proficiency on each of them is on a scale of 1 to 10?

If you have access to a guitar/piano/keyboard what is the type & model?

Can you dedicate 30 minutes/day initially for practice on your instrument: Yes ___ No ___

Type of music you regularly listen to.....

Name 6 favourite songs/pieces.....

Why do you need piano lessons?

Indicate type(s) of music you wish to learn*: Classical ___ Jazz ___ Gospel ___ Reggae ___ Pop ___ Other ___

What is your long term goal in relation to your music (5-10 years)?

What are your medium and short term goals?

Are you computer literate : Yes ___ Limited knowledge ___ No ___

Where did you hear about this course?

Best days for lessons 1st Choice.....2nd Choice3rd Choice

Hobbies.....

Are you interested in*: Performing ___ Recording ___ Composing ___ Do you own a*: mp3/4
player..... CD player..... Computer..... Tablet.....

General Comments:

Date completed: ___/___/___

Signed:

(Students who are minors must have their Parent/Carer Sign this form on their behalf. If you are a minor your
Parent/Carer's name should go here in BLOCK CAPITALS: _____)

THIS INFORMATION WILL BE KEPT IN THE STRICTEST OF CONFIDENCE AND WILL ONLY BE USED TO ENSURE THAT A SUITABLE PROGRAMME OF STUDY IS DRAWN UP WHICH WILL MEET THE NEEDS OF THE STUDENT.

NOTE

A registration form must be completed on the first visit during a consultative period prior to the start of the first session. The tutor will discuss what the client's needs are based on the information provided. A module outline will be designed with these needs in mind. If it is felt that the client needs exceed the tutor's capabilities and the parameters of the programme, this will be communicated. A specially designed ***SWOT analysis*** (Strengths, Weaknesses, Opportunities and Threats) will be completed during the first session.

Lessons are payable in advance in blocks of 4 lessons (one month) and one lesson fee is held as a deposit.and is non refundable.

In certain circumstances individual sessions can be booked and paid for in advance depending on the client's needs.

Finally

1. Lessons can only be cancelled with 48 hours notice. the full cost of the lesson will be invoiced for no shows or last minute cancellations for whatever reasons.
2. Punctuality is to be prized, as precious lesson time will be lost if the student is late for their lesson.
3. Payments can be made online or by Direct debit.

I have read the above and understand the terms and conditions as set out and agree to abide by these terms and conditions

SignedDate.....

* Tick Where Applicable



www.Wateriwine.org

Copyright 2014