**Music Generation Laois**

School of Rock and Pop

Keyboard Tutor

Submission Form

**

REF: MUS1702

This Submission form, when completed, should be returned to: Rosa Flannery, by email to rflannery@laoiscoco.ie

**Submissions must be received no later than 5pm, Thursday 21 September 2017**

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| --- |
| **List instruments of competency for tuition, e.g keyboard** |
|  |
| **List genres of competency, for example, rock, pop, contemporary, classical, jazz, traditional:** |
|  |

**PERSONAL DETAILS**

**NAME IN FULL**

(Block letters)

**POSTAL ADDRESS**

(Block letters)

|  |  |
| --- | --- |
| **Home Telephone Number:** |  |
| **Mobile Telephone Number:** |  |
| **Email Address:** |  |
| **PPS Number:** |  |

**QUALIFICATIONS AND TRAINING:**

*(Please attach photocopies of full transcripts of third level/other relevant qualification or training)*

**DETAILS OF GENERAL EDUCATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SECOND LEVEL  SCHOOLS/COLLEGES ATTENDED | FROM  (State Dates) | TO  (State Dates) | EXAMS | YEAR | PASS/  HONS |
|  |  |  |  |  |  |

**THIRD LEVEL/ FURTHER EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| DEGREE, DIPLOMAS, ETC... | GRADE OBTAINED (e.g. Pass; 2.2; 2.1; 1; etc.)  Please give results for each subject taken in final exam. | UNIVERSITY, COLLEGE OR EXAMINING AUTHORITY | YEAR IN WHICH DEGREE/QUALIFICATION WAS OBTAINED |
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**RELEVANT TRAINING COURSES:**

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| --- | --- | --- | --- |
| NAME OF COURSE: | DESRIPTION OF COURSE CONTENT: | DATE(S): | COURSE PROVIDER: |
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**Membership of Professional Institutions:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ANY ADDITIONAL QUALIFICATIONS (not listed above):**

*(Please attach photocopies of awards received, attendance certificates etc.)*

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**Any notes you may wish to make on qualifications:**

### RELEVANT WORK EXPERIENCE AS A MUSIC TUTOR:

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| --- | --- | --- | --- | --- |
| **Employer:** | From: | To: | **Hours Per Week:** | **Post Held & Nature of Duties:** |
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**Experience as a performer:**

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**Experience leading ensembles:**

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**OTHER EDUCATIONAL EXPERIENCE/ CPD** *(Continued Professional Development)*

Please include details in this section of any master classes/workshops/training days you have participated in, with relation to your instrument/choral training or any conducting/ensemble training etc.

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| --- | --- | --- |
| **Type of master class/workshop/training etc.:** | **Facilitator:** | **Date and Place:** |
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**ANY OTHER RELEVANT INFORMATION:**

Skills and experience acquired outside of work can sometimes be just as relevant as those gained in the workplace, e.g. working with voluntary organisations, youth groups etc.

Please include details of such activities if you feel they are relevant to your application:

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| --- | --- | --- |
| **Organisation/Group:** | **Your role/involvement:** | **Skills/knowledge acquired from your role/involvement:** |
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**Other information which you may consider relevant:**

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REFEREES

**Please give the name of two referees from who Music Generation Laois can request references on your behalf. One should be a recent/current employer where applicable. Referee should not be related to you.**

Please note: your referees may be contacted without further communication to you

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| --- | --- |
| ***Name:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Address:***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** | ***Name:***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Address:***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Tel No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |

**DECLARATION**

I, THE UNDERSIGNED, HEREBY DECLARE, ALL THE FOREGOING PARTICULARS TO BE TRUE

SIGNATURE OF APPLICANT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Checklist** (please tick): |
| Have you submitted copies of transcripts/certificates pertaining to third level education awards, all relevant training qualifications and continued professional development? |