

**Associate Application Form**

**Please try to be as succinct as possible – bullet points are fine in questions 2-7 – please try to keep the version you send in to us to no more than 4 sides!**

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| 1. **Key information** | | | | |
| **Your name** | |  | | |
| **Your email address** | |  | | |
| **Your organisation’s name** | |  | | |
| **Full current postal address inc postcode.** | |  | | |
| ***Please tick the boxes that apply to you and your application*** | | | | |
| **What type(s) of Associate Status do you want?** | | | **What types of work are you doing – you can tick more than one.** | |
| □ | Associate Provider (individual)  *(A music teacher within and external to a school setting)* | | □ | Peripatetic Tutor |
| □ | Music Leader / Community Musician |
| □ | Projects |
| □ | Associate Provider – Whole Class Ensemble Tuition  *(A music teacher who also delivers whole class ensemble teaching (inside and external to a school setting))* | | □ | Events /Performances |
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| **Do you teach from home?** | □Yes □No | **Other –** including any particular specialisms |  |
| **Do you teach in Schools within Torbay?** | □Yes □No | **Do you run external musical activities?** | □Yes □No |

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| **How did you hear about The Torbay Associates Network?** |
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| **Have you a valid DBS check? Or do you have registration with the update service, if so, what is your number?** |
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| **Are there any reasons why you would not be considered suitable to work with children, young people or vulnerable adults** – including anything that may not register on a current DBS check such as ongoing investigations, bans or allegations? **Yes / No -**  If YES, please provide brief details which we will follow up with you |
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| **Do you consider yourself to have a disability?** |
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| **Please provide your home address if different to above (or business address for organisations) below** |
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| **Age ranges with which you work** | | | |
| 4 and under | □Yes □No | 11-13 | □Yes □No |
| 5-6 | □Yes □No | 14-15 | □Yes □No |
| 7-10 | □Yes □No | 16+ | □Yes □No |
|  | | Adults (e.g. for CPD) | □Yes □No |

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| 1. **What instruments / technologies and musical genres/styles are you working in?** CPD providers please indicate what professional development areas you specialise in | | | | |
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| 1. Please tell us why Associate status is important to you/ your organisation. | | | |
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| 1. Please outline the **skills / qualities, experience, knowledge and qualifications** (if any) etc. that you / your organisation (and the people it employs / hires) bring to your work. | | | |
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| 1. Please tell us about you/ your organisation’s attitude to **progressing young musicians** (within and beyond your own ‘offer’) and how the work you do/ provide can link into a wider Hub offer. | | | |
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| 1. If you want to be recognised as **Inclusive Music Aware,** please type YES in this box and ‘pledge’ your development (this is an area in which we are looking to offer more training) | | | |
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| 1. Tell us about your attitude to / interest in accessing **Torbay instruments and other resources** (if applicable) | | |
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| 1. Tell us how you engage with **Professional Development** and training opportunities. If you are applying as an organisation please outline your CPD strategy or plan for employees and other professionals you hire to deliver on your behalf. | | |
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| 1. Please provide us with the names of **2 referees** that we can contact for a reference covering your professional experience, suitability for tuition / participatory work and suitability to work with children & young people. Please be clear who they are and in what capacity they know you. Ideally both will be a recent employer or someone who has hired your services as a music tutor / music leader recently.  * These referees should also be people to whom you could direct your clients if they requested a reference (we may recommend they do this). * They do not need to be the same people who provide you with any endorsements that you show in your online listing. * **Referees will need to have provided us with their references on our template before we can interview you.** | |
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| In submitting this application, I declare its contents to be true and accurate. | □Yes □No |

**Once you’ve finished this application form email it to us.**

**Send it to:**  TMH[associates@](mailto:associates@torwiltshiremusicconnect.org.uk)torbay.gov.uk

with the subject heading “Associate application – YOUR NAME”

**Please don’t forget that you also need to have arranged you Public Liability Insurance and done appropriate Child Protection Training**

**If you are in need of updating insurances and training please detail below.**