



45 Maritime Place, Esplanade, Durban, South Africa
P. O. Box 6064, Durban, 4000
Telephone: 031 332 0451 Facsimile: 031 332 2213
Email: visualarts@batcentre.co.za website: www.batcentre.co.za

Arts and Culture Development Programme 2020

MUSIC APPLICATION FORM

All information submitted will be treated with the utmost confidentiality.

Student Details

1. Identity Number: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
2. Date of Birth: |_|_|_|_|_|_|_|_|
3. Surname: _____
4. First Names: _____
5. Physical Address: _____

6. Postal Address: _____

7. Email Address: _____
8. Contact Numbers:
Home: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
Cell: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
Parent/Guardian: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| Relation: _____
Emergency Person: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| Relation: _____
9. Gender: |M|_|_| |F|_|_|
10. Race: |_|_| Black |_|_| Coloured
|_|_| Indian |_|_| White |_|_| Other (Specify): _____
11. Disability/Illness: |_|_| Yes (Specify): _____
|_|_| No
12. Language(s): _____
13. Have you ever:
13.1. used a computer before? |_|_| Yes |_|_| No

13.2. used Microsoft Word and/or Power Point? |_|_| Yes |_|_| No

13.3. used the internet? |_|_| Yes |_|_| No

14. Do you belong to any Cultural or Community organisation? |_|_| Yes |_|_| No

If Yes, Name of organisation and where it is situated:

14.1. Contact Person's Name: _____
Telephone Number: _____
Fax Number: _____
E-mail: _____

14.2. What are your responsibilities in the above mentioned organisation?

15. Do you have any formal/ semi-formal musical training? |_|_| Yes |_|_| No

15.1 If Yes,

When? _____
Where? _____
What type of training? _____
Contact person: _____

16. Why do you want to enrol onto this programme and how do you hope to benefit from it?

17. Which of the following musical instruments are you most interested in?

17.1 Voice |_|_| 18.2 Piano |_|_| 18.3 Lead Guitar |_|_|

17.2 Bass |_|_| 18.5 Drum |_|_| Other: _____



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19. Have you ever been involved in a school project or entered a music competition before?
 If yes, supply the details _____

22. Tell us more about yourself and your choice of music?

23. If accepted into the Program, how will you pay for your transportation costs as the course provides no transport allowance?

24. Who do you live with?

25. Does your guardian work? Yes No

25.1 Have they agreed to assist with your transportation costs and other school related expenses?

25.2 Provide their details:

a) Name: _____ b) Contact Number _____

Please note that an inability to attend at least 90 % of classes will result in students not completing the course, which means that they will not receive certificates or letters of reference from the BAT Centre.

18. Please ask an official of your organisation, professional artist or any person who can give a recommendation for you in writing on the organisations letterhead with necessary contact information.

Name of the Official,
 Position in Organisation, and
 Telephone Numbers.

I, (full names as on ID Document) _____ do hereby
 declare that all the information submitted in this application form is true.

Signature _____ Witness _____
 ____/____/2020 ____/____/2020

Closing Date: 28 February 2020

Please attach the documents listed below:

For Office Use

Requirement	Yes	No	Date	Passed by
ID Document				
Education Certificates and References				
Curriculum Vitae				
Recommendation from Community Organisation/ Professional musician worked with				
Motivation Letter				
Registration Fee of R1 500.00				

Applicant Accepted	Applicant Declined

Music Coordinator: _____
 Date: ____/____/2020



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