

Application Form

This form is for applications to the Diocese of Manchester Organ Training Scheme. Please use **ONE** form per applicant - photocopy as necessary or request more forms from the Area Secretary. Complete **all** sections and return to the RSCM Manchester Area Secretary:

Mr P Asher, RSCM Manchester, 184 Lloyd Street South, Manchester, M14 7DY

Applicant Details

Please complete all details in **Black Ink** and **BLOCK CAPITALS**.

Full Name: _____

Address: _____ Tel. _____

_____ E-mail: _____

Postcode: _____ Date of Birth: _____

Church/Parish Details

Church/Parish: _____

Parish Priest/Vicar/Minister: _____

Address: _____ Tel. _____

_____ E-mail: _____

Postcode: _____

Please ask your Parish Priest/Vicar/Minister to complete the attached Recommendation Form and to return it to the RSCM Manchester Area Secretary.

Other Information

Please list the hymn book(s) and psalter(s) used by your church/parish:

Please give details of your organ playing / service accompaniment experience to date and level of attainment reached or exams passed (if any).

Please turn over

Please continue on a separate sheet if necessary.

If you have previously studied with an organ/piano tutor please give details here, listing their name(s), address(es), known qualifications, dates of study and instrument/venue of lessons (if a church).

Please continue on a separate sheet if necessary.

Organ Details

Please give the details of the organ in your church, if known.

Organ Builder (if known): _____

Number of Manuals: _____ Pedal-board: *Full(30-32notes) / Other: _____

Approx. Number of stops: _____ Action: *Mechanical / Electric / Pneumatic / Other: _____

Currently maintained by: _____

**Please delete as appropriate.*

Confirmation of Details

I confirm that the details I have given are correct to the best of my knowledge and, if necessary, my Parish Priest/Vicar/Minister may be contacted with reference to this application. I also agree to the terms and conditions of the Diocese of Manchester Organ Training Scheme as set out in the scheme guidelines.

Signed: _____ Date: _____

Print Name: _____

Please return the completed form to the RSCM Manchester Area Secretary:

Mr P Asher, RSCM Manchester, 184 Lloyd Street South, Manchester, M14 7DY

For Official Use Only

Application Received:		Reference Received:		Accepted / Declined:	
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Name of Allocated Organ Tutor: _____

With qualifications

Address: _____ Tel. _____

_____ E-mail: _____

Postcode: _____

Total Cost of TEN lessons: _____



Diocese of Manchester Organ Tuition Scheme



Recommendation / Reference Form

This form is for the Parish Priest/Vicar/Minister to complete in support of an application to the Diocese of Manchester Organ Training Scheme. Please use only **ONE** form per applicant - photocopy as necessary or request more forms from the Area Secretary. Complete **all** sections and return to the RSCM Manchester Area Secretary:

Mr P Asher, RSCM Manchester, 184 Lloyd Street South, Manchester, M14 7DY

Applicant Details

Full Name: _____

Church/Parish: _____

Parish Priest/Vicar/Minister Details & Reference

Full Name: _____

Address: _____ Tel. _____

_____ E-mail: _____

Postcode: _____

Please write your reference in the space provided below. *Continue on the reverse side if necessary.*

Signed: _____ Date: _____

Print Name: _____

Please return the completed form to the RSCM Manchester Area Secretary at the address above.