**

**MusicWorks**

**Application Form**

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| **Name of school:** |  |
| **Address:** |  |
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|  |
| **Eircode:** |  |
| **Telephone:** |  |
| **Email:** |  |

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| --- | --- |
| **Name of principal:** |  |
| **Name of contact teacher :** |  |
| **Mobile of contact teacher:** |  |

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| --- | --- | --- | --- | --- |
| **School start time?** | | |  | |
| **School Finish time?** | | |  | |
| **How many students in the school?** | | |  | |
| **How many classroom teachers in the school?** | | |  | |
| **Please indicate your programme preference.** | | | **🞏 Ukulele**  **🞏 Trad Programme**  **🞏 Shannon Voices Programme** | |
| **Can we include photography and film of the *MusicWorks* programme at your school for publicity and documentary purposes by Music Generation nationally and locally?** | | |  | |
| **Signed** |  | **Date** | |  |