



## The Dean's Music Scholarship 2024 - Contract

NAME OF APPLICANT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
SCHOOL: \_\_\_\_\_ SCHOOL ADDRESS: \_\_\_\_\_  
SCHOOL PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
INSTRUMENT/S PLAYED: \_\_\_\_\_ LEVEL: \_\_\_\_\_

CONDITIONS: Recipients are expected to engage with and learn music to be performed at specially designed church services. They will also be invited to perform at concerts as part of the Cathedral's Concert Series.

Opening Date for Application	1 <sup>st</sup> February 2024
Closing Date for application	10 <sup>th</sup> March 2024
Commencement date of Scholarship	April 2024
Completion date for Scholarship	March 2025
<b>There will be regular reviews of your attendance/dependability at agreed events.</b>	

### THE FOLLOWING INFORMATION IS TO BE COMPLETED AND RETURNED WITH THIS AGREEMENT

All data collected will be stored confidentially in line with the Cathedral's privacy policy.

Photo of the student:

Registration form (below):

Also attached: Draft Contract and videographic agreement (to be signed if applicant is successful)

Contact Details of Parent/Guardian 1: _____ Phone: _____ I give permission for _____ to be engage as a Music Scholar. Signature: _____ Date: _____
Contact Details of Parent/Guardian 2: _____ Phone: _____ I give permission for _____ to be engaged as a Music Scholar. Signature: _____ Date: _____
Home Address of Applicant: _____ Phone: _____ E-mail: _____ Signature of Applicant: _____ Date: _____
Phone: _____ Address: _____
Emergency Contact: _____ Phone: _____ E-mail: _____ Relationship to student: _____

Are there any medical conditions the leaders need to be aware of e.g.  diabetes;  asthma;  ADHD;  Travel sickness;  Epilepsy;  Allergies;  Other - Please specify:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please discuss any special concerns or emergency action plan to be followed with a leader at the time of registration.)



**Will the participant have any medication?** Yes/No Please attach details (tablets, injections, dosage)

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Who is to administer the medication? Child  Leader  Other: \_\_\_\_\_

**Does the participant have any special dietary requirements?** Yes/No. Please give details

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Further comments: \_\_\_\_\_

**Permission:**

*I consent to my child's participation in the activities of which I have received notification. I will encourage my child to participate and co-operate with the leaders and other participants.*

I authorise the leader/s in charge of any activity conducted by St Paul's Anglican Cathedral, Sale, to consent on my behalf, where it is impractical to communicate with me, for my child to receive medical or surgical treatment as may be deemed necessary. I am also responsible for the cost of any medical treatment deemed necessary.

**Names of people allowed to collect my child in the event that I am unable:** \_\_\_\_\_

\_\_\_\_\_  
(If a person other than the parent or authorized persons named above is to collect the child on a particular day, permission must be given in person by the parent on the day.)

**Signed:** (Parent/Guardian) \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_



### Scholarship Agreement – 1<sup>st</sup> April 2024 – 31<sup>st</sup> March 2025

Name of Scholarship Holder: \_\_\_\_\_

Address: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Instrument: \_\_\_\_\_

Music Teacher's name: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

I \_\_\_\_\_ understand that by accepting a Music Scholarship from St Paul's Cathedral, Sale for 2024, I commit to the following obligations:

1. I will continue my music lessons with an instrumental/voice teacher for the duration of the scholarship.
2. I will learn any required pieces of music for St Paul's to the expected standard.
3. I will attend practice sessions at St Paul's, as arranged in advance.
4. I will perform at the services at St Paul's on one Sunday of each month as agreed in advance, Christmas and Easter involvement to be negotiated, and at concerts as part of the Cathedral's Concert Series.
5. I will participate actively and positively in the musical life at St Paul's Cathedral.

St Paul's Cathedral undertakes to:

1. Provide the scholarship holder with access to rehearsal and performance facilities;
2. Provide musical mentoring and guidance, with a view to developing the scholarship holder's musical leadership capacities;
3. Make a payment in 4 termly instalments of 50% of the music fees in the scholarship holder's instrument of choice up to the value of \$1500 per annum to the scholarship holder's Music Teacher, as a contribution towards tuition fees; the amount to be invoiced by the Music Teacher to St Paul's, and any additional fees to be the responsibility of the student's parents/guardians. If the student is already a scholarship holder through a school, other arrangements may be possible by negotiation.
4. Remit any residual scholarship funds after the payment of lesson fees to the scholarship holder for additional expenses (eg sheet music, accompanist fees, etc), on proof of payment.
5. Undertake periodic performance reviews of the scholarship holder's musical progress, participation, reliability, and engagement with the Cathedral.

**IMPORTANT: I understand there will be a progress review at the end of each term, and unsatisfactory performance will result in the scholarship's suspension/cancellation.**

Name of scholarship holder: \_\_\_\_\_

Signature of Scholarship holder: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Parent/Guardian 1: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature of Parent/Guardian 1: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Parent/Guardian 2: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature of Parent/Guardian 2: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Dean: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature of the Dean of St Paul's: \_\_\_\_\_

Date: \_\_\_\_\_



## **PUBLICITY**

### **Videographic Agreement**

This Agreement relates to the generation and use of photographic, videographic and livestreamed material in which the image of the Scholarship Holder may appear.

As church services will be livestreamed, video and photographic material may be published in which the Scholarship Holder appears.

PARENT/GUARDIAN CONSENT:

I understand there may be photographs taken and/or video footage of my child filmed during this activity. I am willing for my child to be so filmed or photographed in appropriate settings. I am willing for these photos or footage to be used to promote St Paul's and the music scholarship programme.

I give permission for photographs and footage of my child to be published in electronic and print format for the purposes of promoting St Paul's and the music scholarship programme.

I consent for my child's name to be identified in contexts supporting the music programme.

Images and the name of the Scholarship Holder will not be used for purposes other than those named above without seeking further permission from parents/guardians.

Parent/Guardian: \_\_\_\_\_ -

Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_