

RSNO Application Form						
Participant information						
Forename(s)						
Surname						
Date of birth						
Address						
Telephone number						
Mobile phone number						
Email address						
School/College currently attending						
School/college year						
Please specify medical conditions or allergies which could affect participation.						
Please specify medication which may be required to be administered during participation.						
Emergency contacts (please provide two)						
Contact 1				Contact 2		
Name				Name		
Relationship to participant				Relationship to participant		
Home phone				Home phone		
Mobile phone				Mobile phone		
Which experience are you applying for (please tick one or both)? Young Ambassador (all year activity) RSNO Takeover (Monday 13 and Tuesday 14 June 2016)						

Referee (this should be someone who can vouch for your skills e.g. a teacher or employer but not a family member)			
Name			
Department			
Email address			
Signed by referee			

Education and experience

Please list any exams undertaken and results achieved through school and private tuition.

Please list any voluntary and paid work undertaken in the past three years.

More about you

Where do you see yourself in ten year's time?

What particular skills do you possess that would help you participate in either our Young Ambassador or Takeover programmes?

Takeover applicants

Please number, in order of preference, the three departments you are interested in working with (1 being the most preferred and three being the least). Please refer to our Careers Booklet for more information about each department and the type of roles.

Marketing
Learning & Engagement
Conducting
Musician in orchestra
Development (fundraising)
Artistic Planning
Presentation and Operations (including stage management)