

Registration Form

Please ensure you have read the Jersey Music Service **Terms and Conditions** before completing this form.

1) Student Details

(Please complete the form in Block Capitals Only)

Student First Name:		Student Surname:	
Gender:		Date of Birth:	

School:		Current Year Group:	
School from September (if known & different from above):			

Please indicate any relevant medical information:	
Please indicate any special educational needs:	

2) Parent/Guardian Details (Please ensure all fields are completed correctly as this may delay registration)

Mr/Mrs/Miss/Ms/Other:		First Name(s):		Surname:	
Address	Line 1:				
	Line 2:				
	Line 3:				
	Parish:				
	Post Code:		Jersey		
	Home Telephone No.				
	Business Telephone No.				
	Mobile Telephone No.				
	Email Address:				
	Name of Emergency Contact & Relationship to Child:		Emergency Telephone No.		

3) Lesson Requirement

Instrument:	
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(please tick one box)

25 minute group lesson:	<input type="checkbox"/>
25 minute individual lesson:	<input type="checkbox"/>
Musicianship class:	<input type="checkbox"/>
Project/Workshop Name:	<input type="checkbox"/>

Previous Instrumental/Vocal Experience

Instrument(s)	
Approximate Standard	
Name of Instrumental Tutor	

4) Instrument Requirement *(please tick one box)*

I would like to hire an instrument for my child:	<input type="checkbox"/>
I will provide an instrument for my child:	<input type="checkbox"/>

Terms and Conditions

By signing below I accept the Jersey Music Service Terms and Conditions and acknowledge from time to time these may change. Please note we are unable to process your registration form unless this form is signed and dated.

Signed: _____ Date: _____

5) Financial Details

Preferred Method of Payment **(Please ensure you complete this section in accordance with the Terms and Conditions)**

Direct Debit *(please complete the enclosed Direct Debit Mandate)*

Alternative Method

Please DO NOT send any cash/cheques with this form

Details of Payer (if different to Parent/Guardian listed in Section 2, otherwise please continue to Section 6).

(Please ensure all fields are completed correctly otherwise registration may be delayed)

Mr/Mrs/Miss/Ms/Other:		First Name(s):		Surname:	
Current Jersey Address	Line 1:				
	Line 2:				
	Line 3:				
	Parish:				
	Post Code:		Jersey		
	Home Telephone No.				
	Mobile Telephone No.				
	Email Address:				
	Relationship to Child:				

I the undersigned take responsibility of payment for the child listed overleaf; I have read the Terms and Conditions and acknowledge that from time to time these may change.

Signed: _____ **Date:** _____

6) Remissions (please continue to section 7 if not applicable)

Income Support

I/We the undersigned confirm that I/we are in receipt of Income Support and give permission for the Jersey Music Service to verify this with the Social Security Department.

I/We understand that no specific details about the Income Support claim will be passed onto the Jersey Music Service and that this information will be used solely to confirm that a claim is in place

Name Parent/Guardian/Partner

1. _____ (please print) Signed _____ Date _____

Name Parent/Guardian/Partner

2. _____ (please print) Signed _____ Date _____

7) Completion

Thank you for completing the Jersey Music Service Registration Form. Please ensure you enclose the Direct Debit Mandate if applicable.

Please return to: Jersey Music Service, Old Mont Cantel House, St Helier, Jersey, JE2 3ZQ

Data Protection Law (Jersey) 2005

The information provided by you on this registration form is required by Jersey Music Service for the purpose of delivering its music provision. Jersey Music Service will share necessary information with the States of Jersey Treasury in order for payments to be processed. If you are receiving Income Support, Jersey Music Service will share necessary information with the Social Security Department. The JMS Fair Processing Policy is available from Jersey Music Service.

Direct Debit Mandate

States of Jersey - Education, Sport and Culture



tick here I / We would like to pay **Monthly** for my / our child(ren)'s music provision

or

tick here I / We would like to pay **Termly** for my / our child(ren)'s music provision

Details of payer(s) :

Title	Forename(s)	Initial	Surname
Address			
.....			
.....			
PostCode :			
☎			
Name of Child(ren)			

Instruction to your Bank/Building Society to pay Direct Debits



Full postal address of your Bank/Building Society branch :

Originator's Identification Number :

To the Manager	Bank/Building Society
Address	
.....	
.....	
.....	

9	4	1	8	7	7
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Your instructions to the Bank/Building Society and signatures :

Please pay the **States of Jersey Department for Education, Sport and Culture** Direct Debits from the account detailed on this instruction subject to the safeguards assured by The Direct Debit Guarantee.

Name of Account Holder(s) :

.....

Signature(s) :

.....
Date

Bank/Building Society Account Number :

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Branch Sort Code

(from the top right hand corner of your cheque)

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Account Reference **(for office use only)**

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This guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.

- If there are any changes to the amount, dates or frequency of your Direct Debit the States of Jersey will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request the States of Jersey to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by the States of Jersey or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.
 - If you receive a refund you are not entitled to, you must pay it back when States of Jersey asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.