## **ASSISTED INSTRUMENT PURCHASE SCHEME APPLICATION FORM**



(PLEASE COMPLETE SECTIONS 1 – 4 IN BLOCK CAPITALS)

Supported using public funding by





Department for Education Department

1 – ABOUT YOU						
Parent/Guardian:		Address:				
Pupil's Name:						
School Attended:						
Daytime Contact No: 22						
Email:		Postcode:				
2 – ABOUT THE LESSONS	1					
Instrumental lessons taking place at:						
Name of Instrumental Teacher	··					
					7	
<b>3 – ABOUT THE INSTRUMENT</b> For STRING instruments, please state SIZE required!  Type of instrument you wish to buy is:						
Make: Model:			Price excl VAT Price incl VAT			
Make:	Woder:		e exci va i		ICI VA I	
		£		£	•	
Accessories:			•	£	•	
Accessories:				£	•	
Accessories:			•	£		
	TOTALS	£	•	£	•	
4 – ABOUT THE RETAILER & YOUR PAYMENT			AYMENT DUE F	FROM APPLICANT		
Name:				Ex-VAT total		
Address:	Postcode:	£	•	Delivery charge*		
	Tel: 🕾	£	10.00	Admin fe	е	
Website:		£	•	Total to pay		
WE ACCEPT PAYMENT by CREDIT/DEBIT CARD or by CHEQUE * IF APPLICABLE						
				_		
5 – WHAT YOU SHOULD DO NOW	FOR QUERIES TELE	PHONE (	03330139359			
Signed application forms	can be emailed to MusicHu	b@esse	x.gov.uk			
Alternatively, paper application forms can be sent by post to:				سد ا		
Essex Music Service, Essex County Council, E2, County Hall, Chelmsford CM1 1QH				Essex Cou	nty Council	
Cheques should be made payable to ESSEX COUNTY COUNCIL						
			_	_		
Signed:	(The Ap	plicant)	Date:			