



LICHFIELD AREA

APPLICATION FORM FOR DEAN'S/BISHOP'S* AWARD
(*Please delete as appropriate)

PLEASE COMPLETE NAMES & ADDRESSES IN BLOCK CAPITALS

Choir name:..... (all names as to appear on the certificate)
Candidate's name:.....Adult or under 18 (indicate)
Date of birth (if under 18):Voice part:.....
Address:.....
..... Post code:
Phone no:..... e-mail:
Length of service in choir:..... Position in choir (if any):
Relevant training days/courses attended:
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Signature:.....Parent/Guardian (indicate) if under 18

Testimonial from Choir Trainer (constitutes Section D of the examination):

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Name:
Signed:
Address:.....
..... Post
code:
Phone no:.....e-mail:
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Application approved by Incumbent/Minister:

Name & Signature: Phone no:.....