

**OXFORD CHAMBER COURSE 2026**  
**How to Apply**

① Please open this document in Adobe Reader, and type in the shaded boxes to complete the form. If you are applying for more than one child, please use a separate form for each. If you have any queries, or if further clarification or explanation is needed, or if you can't fit all the necessary information on the form, please don't hesitate to get in touch with us (our contact details are given below).

② Please make a deposit payment of £200 (for each child applied for) to the Oxford Chamber Course account: **NatWest 54-21-23 48329193**. Please use the child's name as a reference.

③ Please e-mail your completed application form(s) to **oxfordchambercourse@gmail.com**. We will send you an acknowledgement of your application, and confirm receipt of your deposit.

The closing date for applications is **31<sup>st</sup> May 2026**. Applications after this date may be accepted if there is still space on the course, but please check with us first.

We look forward to hearing from you!

**Judith & Tim Dallosso**  
**oxfordchambercourse@gmail.com**  
**01865 245910**

**OXFORD CHAMBER COURSE 2026**  
**Electronic Application Form**

Date of application: [shaded box]

Course tier (Introductory / Advanced): [shaded box]

Name of child: [shaded box]

Preferred first name (if different): [shaded box]

Gender (Male / Female / Other): [shaded box]

Date of birth: [shaded box]

School: [shaded box]

School from September (if different): [shaded box]

Name of parent / guardian applying: [shaded box]

Title: [shaded box]

Address: [shaded box]

Postcode: [shaded box]

E-mail: [shaded box]

Telephone (daytime): [shaded box]

Telephone (evening): [shaded box]

Other numbers, e.g. mobiles (please give details): [shaded box]

If new to the course, where did you hear about us? [shaded box]

Instrument(s) (violin / violin + viola / viola / cello): [shaded box]

Most recent grade(s) taken by July 2026, + date(s): [shaded box]

Sight-reading standard(s) (relative to grade) (Average / Good / Excellent): [shaded box]

Please give your teacher's (teachers') details below.

Name(s): [shaded box]

Address(es): [shaded box]

Postcode(s): [shaded box]

E-mail(s): [shaded box]

Phone number(s): [shaded box]

Does your teacher know about this application? (Yes / No) [shaded box]

Do you have previous chamber music experience? (Yes / No) [shaded box]

If Yes, please give some details below: [shaded box]

Are you applying as part of a pre-formed group? (Yes / No) [shaded box]

If Yes, please list the other members of your group: [shaded box]

E-signature of parent / guardian (type your name): [shaded box]