

BSO YOUNG ASSOCIATES APPLICATION FORM

Please complete the form below to apply for the BSO Young Associates Programme. Email completed applications (including video/audio clips if applicable) to: EChristian@bsorchestra.co.uk

CLOSING DATE FOR APPLICATIONS: Thursday 3 March 2022, 5pm

If you have any questions, would like the form in a different format, or would like a friendly confidential chat before submitting your application, please get in touch with Jess Craig, BSO Young Associates Programme Manager on jcraig@bsorchestra.co.uk or 07860 268847.

PERSONAL DETAILS			
Name			
Email		Phone	
Address			
Postcode		County	

Please answer the following questions to tell us **all about you as a musician**; your experience, skills and passions, where you're at in your career and why you think this programme is for you. **This can be written in the boxes below or you could send us a video or audio clip of no longer than 3 minutes.**

<p>1. Tell us about you as a musician (max 500 words):</p> <ul style="list-style-type: none"> • Your musical experience, skills, interests and training • Any professional work you've done • Your passion for communicating and working with people • Any workshop or music leading experience (not essential!) • Include links to your music and projects online

2. Tell us why you want to do the programme (max 500 words)

- Why is community music making important to you?
- What are you hoping to get out of the programme?
- Is there any specific mentoring/training you're hoping for?
- What are your long-term goals in your career?

As this is a targeted programme we would like to ask some questions based on guidance from the Social Mobility Commission, and around Protected Characteristics as outlined in the Equality Act 2010. Please share whatever information you feel comfortable with. You can select "prefer not to say" if you would rather not answer any question. Your answers will be held as strictly confidential and used for internal analysis only.

Age	Please confirm your age:
Please select your gender identity	<input type="checkbox"/> Female (including trans women) <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Male (including trans men) <input type="checkbox"/> Other (please describe) Click here to enter text. <input type="checkbox"/> Non-Binary (androgynous) <input type="checkbox"/> Intersex
Do you consider your gender identity to be different to the sex you were assumed to be at birth?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
Please select your sexual orientation	<input type="checkbox"/> Bisexual <input type="checkbox"/> Asexual <input type="checkbox"/> Gay Man <input type="checkbox"/> Pansexual <input type="checkbox"/> Gay Woman/Lesbian <input type="checkbox"/> Undecided <input type="checkbox"/> Heterosexual/Straight <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other (please describe) Click here to enter text.

<p>Please select your ethnicity (tick all that apply)</p>	<table border="0"> <tr> <td><input type="checkbox"/> Indian</td> <td><input type="checkbox"/> White British</td> </tr> <tr> <td><input type="checkbox"/> Pakistani</td> <td><input type="checkbox"/> White Irish</td> </tr> <tr> <td><input type="checkbox"/> Bangladeshi</td> <td><input type="checkbox"/> Gypsy or Irish Traveller</td> </tr> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Any other White background</td> </tr> <tr> <td><input type="checkbox"/> Any other Asian background</td> <td><input type="checkbox"/> White and Black Caribbean</td> </tr> <tr> <td><input type="checkbox"/> Black African</td> <td><input type="checkbox"/> White and Black African</td> </tr> <tr> <td><input type="checkbox"/> Black Caribbean</td> <td><input type="checkbox"/> White and Asian</td> </tr> <tr> <td><input type="checkbox"/> Any other Black background</td> <td><input type="checkbox"/> Any other Mixed Background</td> </tr> <tr> <td><input type="checkbox"/> Arab</td> <td><input type="checkbox"/> Any other ethnic group</td> </tr> <tr> <td><input type="checkbox"/> Latin American</td> <td><input type="checkbox"/> Prefer not to say</td> </tr> </table>	<input type="checkbox"/> Indian	<input type="checkbox"/> White British	<input type="checkbox"/> Pakistani	<input type="checkbox"/> White Irish	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Gypsy or Irish Traveller	<input type="checkbox"/> Chinese	<input type="checkbox"/> Any other White background	<input type="checkbox"/> Any other Asian background	<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> Black African	<input type="checkbox"/> White and Black African	<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> White and Asian	<input type="checkbox"/> Any other Black background	<input type="checkbox"/> Any other Mixed Background	<input type="checkbox"/> Arab	<input type="checkbox"/> Any other ethnic group	<input type="checkbox"/> Latin American	<input type="checkbox"/> Prefer not to say
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<p>Please select the following that apply</p>	<p><input type="checkbox"/> I identify as a deaf or disabled person, or have a long term health condition</p> <p><input type="checkbox"/> I do not identify as a deaf or disabled person, or have a long term health condition</p> <p><input type="checkbox"/> I identify myself as a neurodivergent individual</p> <p><input type="checkbox"/> I prefer not to say</p> <p><input type="checkbox"/> Other (please describe) Click here to enter text.</p>																				
<p>Which occupation best describes the main/highest income earner in your household when you were 14?</p>	<p><input type="checkbox"/> Modern Professional Occupations e.g. Teacher, nurse, social worker, artist, musician, police offer, software designer</p> <p><input type="checkbox"/> Clerical and Intermediate e.g. Secretary, clerical worker, office clerk, nursing auxiliary, nursery nurse</p> <p><input type="checkbox"/> Senior Managers and Administrators - usually responsible for planning and organising work such as finance managers and CEO etc.</p> <p><input type="checkbox"/> Technical and Craft Occupations e.g. motor mechanic, inspector, plumber, printer, electrician, gardener, train driver</p> <p><input type="checkbox"/> Semi-Routine Manual and Service e.g. postal worker, machine operative, security guard, care taker, farm worker, catering assistant, receptionist, sales assistant</p> <p><input type="checkbox"/> Routine Manual and Service e.g. HGV driver, van driver, cleaner, porter, labourer, waiter/waitress, bar staff</p> <p><input type="checkbox"/> Middle or Junior Managers e.g. office manager, retail manager, bank manager, restaurant manager, publican</p> <p><input type="checkbox"/> Traditional Professional Occupations e.g. solicitor, accountant, medical practitioner, scientist, civil/mechanical engineer</p> <p><input type="checkbox"/> Short Term Unemployed - claimed unemployed benefit for a year or less</p> <p><input type="checkbox"/> Long Term Unemployed - claimed unemployed benefit for a year or more</p> <p><input type="checkbox"/> Retired</p>																				

	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other (please describe) Click here to enter text.
Which type of school did you attend for the most time between the ages of 11 and 16?	<input type="checkbox"/> State-run or state-funded school <input type="checkbox"/> Independent or fee-paying school <input type="checkbox"/> Independent or fee-paying school, where I received a means-tested bursary covering 90% or more of the overall cost of attending throughout my time there <input type="checkbox"/> Attended school outside the UK <input type="checkbox"/> I don't know <input type="checkbox"/> Prefer not to say
Were you eligible for free school meals at any point during your school years?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> I don't know <input type="checkbox"/> Prefer not to say
Do you have caring responsibilities? If yes, please tick all that apply	<input type="checkbox"/> Primary carer of a child/children (under 18) <input type="checkbox"/> Primary carer of disabled child/children <input type="checkbox"/> Primary carer of disabled adult (18 and over) <input type="checkbox"/> Primary carer of older person <input type="checkbox"/> Secondary carer (another person carries out the main caring role) <input type="checkbox"/> Prefer not to say <input type="checkbox"/> None
If you have faced challenges accessing artistic and career opportunities due to your location in the South West that you would like to share, please explain here. Otherwise, just leave blank.	
If there are other challenges that you would like to tell us about, or if there is anything else you would like share as	

part of your application, please include that here.	
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Are you eligible to work in the UK?	<input type="checkbox"/> Yes <input type="checkbox"/> No (provide visa, or proof of settled status if you do not hold a British passport)	Have you ever been convicted of a criminal offence, other than motoring offences & spent convictions? (declaration subject to the Rehabilitation of Offenders Act 1974) N.B. If your answer to this is yes, it won't prevent your application from being considered. If you would like to have a confidential conversation about this please contact Jenny Wingfield jwingfield@bsorchestra.co.uk	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If you have any accessibility requirements please tell us about the adjustments we need to make.

Please note if you are offered a place on the programme, in order to take part in projects with young people and vulnerable adults you will be required to undergo a DBS (Disclosure & Barring Service) check.

Reference – please provide details of one person who you would be happy for us to talk to about your musical and creative experience.

Name	
How you know them	
Email address or phone number	

Is there anything else that you would like to add which you feel might be relevant to this application?

How did you hear about this position? Please tick all that apply.

BSO Website

BSO Instagram

BSO Twitter

BSO Facebook

BSO LinkedIn

Through an organisation

Press article/radio

Word of Mouth

Other (please specify)

I can confirm that to the best of my knowledge the above information is correct. I accept that deliberately providing false information could result in my dismissal.

Name:

Date:

Data Protection: The information that you have given in this form will be held for recruitment purposes only and will not be disclosed outside the BSO without your permission.