REFERENCE FORM 1 (Young Musicians’ Platform Scheme)

Name of Referee: ____________________________________________________________

Address: __________________________________________________________________

___________________________________________________________________________

Postcode ___________________________________________________________________

Daytime telephone number: ________________ Email address: ______________________

1) How long have you known the applicant(s)? ________________________________

2) In what capacity? ________________________________________________________

3) Please comment on their musical training to date?

_________________________________________________________________________

4) Please comment on the applicant(s) artistic achievements to date.

_________________________________________________________________________
5) How in your opinion would this award benefit the applicant in pursuing a professional career?

Signature of Referee________________________________________

Date__________________________
REFERENCE FORM 2 (Young Musicians’ Platform Scheme)

Name of Referee: ____________________________________________________________

Address: __________________________________________________________________

__________________________________________________________________________

________________________________________ Postcode ____________________________

Daytime telephone number: __________ Email address: ___________________________

1) How long have you known the applicant(s)? ____________________________

2) In what capacity? ____________________________

3) Please comment on their musical training to date?

__________________________________________________________________________

4) Please comment on the applicant(s) artistic achievements to date.

__________________________________________________________________________
5) How in your opinion would this award benefit the applicant in pursuing a professional career?

Signature of Referee________________________________________

Date__________________________