



# MYO Orchestral Auditions 2021 Application Form

Completed application forms need to be sent to  
Malta Youth Orchestra, MPO Offices, 1 Triq John Lopez, Floriana  
or by email to [myo@maltaorchestra.com](mailto:myo@maltaorchestra.com)

**Important – all applicants must be of at least Grade 5 on their instrument**

<b>PERSONAL DETAILS</b>			
<i>Kindly fill in your personal details</i>			
<b>NAME</b>			
<b>SURNAME</b>			
<b>Date of Birth</b>	/ /	<b>Age</b> (at time of application)	
<b>Nationality</b>		<b>Passport / ID Card No.</b>	
<b>Home Address</b>			
<b>Email Address</b>			
<b>Mobile/Telephone Number</b>			
<b>Complete the following questions if applicant is under 18 years old</b>			
<b>Name of Parent(s) or Guardian</b>			
<b>Contact Number(s) of Parent(s) or Guardian</b>			

<b>MUSICAL EDUCATION AND EXPERIENCE</b>	
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<b>Main Orchestral Instrument</b>	
How long have you been playing your instrument?	
<b>Level Achieved</b> (please state last 2 exam results & name of examining body)	
Doublings (ex: Bass Clarinet, Cor Anglais)	
<b>Other instruments you play</b> (please state level attained)	
<b>Theory/Musicianship Exams</b> (please state level attained)	

<b>OTHER TRAINING &amp; EDUCATION</b> <i>Kindly use the space provided below for the suggested additional information</i>	
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Name of current <b>School, College or University</b>	
<b>Level of Education</b> (School Class, Certificates, MATSEC, Diploma, Undergraduate, Postgraduate)	
<b>Main Area of Study</b> (Subjects, if applicable)	

**Please list any orchestral or ensemble playing experience you may have.**

**Please provide any additional information that is relevant to your application, such as details of any musical performances, masterclasses and/or competitions.**

**Briefly, tell us why you would like to join the Malta Youth Orchestra?**

**What piece(s) would you like to perform for your audition? Please attach your piece to this application**

**REFERENCES**, please give us the name of your current or last teacher, and any other referee who knows you as a musician. Remember to speak to your referees before giving us their details.

Current or Last  
**MUSIC TEACHER**

Name:

Tel/Mobile:

Email:

**By submitting this form, you are giving your consent that your data will be kept by our administration team to be used solely for communication purposes. This consent can be withdrawn at any time.**

**Signature:** \_\_\_\_\_  
if under 18 parent/guardian must sign

**Date:** \_\_\_\_\_