COMHALTAS

Teastas Teagaisc Ceolta Tíre

Personal Details

Name: _____

Address: _____

_____

_____

Office Use Only

Date of Birth: _____ Mobile No: _____

Phone No: _____ E-mail: _____

Teaching Experience

1. How long have you been teaching traditional music? _____

2. What class sizes are you involved with? ☐ 1 - 5 ☐ 6 - 15 ☐ 16 or over

3. What are the nature of your classes? ☐ Comhaltas Branch ☐ Home/Private Residence
☐ National School ☐ Secondary School ☐ Other Please give details _____

_____

4. On which instrument are you most competent? _____

5. (a) Do you play any other instruments? _____

(b) Do you teach these instruments? _____

6. What teaching method do you use? ☐ By Ear ☐ Tonic Solfa ☐ Staff Notation
☐ Linear ☐ Other Please state _____

7. Is there any other information that may support your application?

_____

_____

_____

I the undersigned wish to apply for the abovementioned course and if accepted will be available on the specified dates and will forward the course fee when requested.

Signed: _____ Date: _____

Completed applications to be returned to Comhaltas, 32 Belgrave Square, Monkstown, Co Dublin.