



# Year-long Courses Application Form 2016/17

Please fill in the application form and return to the address at the bottom of the page. If you require more information about anything relating to Leith School of Art please telephone +44 (0)131 554 5761, or visit our website at [www.LeithSchoolofArt.co.uk](http://www.LeithSchoolofArt.co.uk)

**Please include a reference with your application form, this should be written by someone who knows you and your artistic practice well.**

**Please tick the course(s) you wish to apply to:**

|  |                          |
|--|--------------------------|
| Art and Spirituality Course                | <input type="checkbox"/> |
| Critical & Professional Development Course | <input type="checkbox"/> |
| Contemporary Art Practice                  | <input type="checkbox"/> |
| Drawing Course                             | <input type="checkbox"/> |
| Figurative Course                          | <input type="checkbox"/> |
| Graduate Studies                           | <input type="checkbox"/> |
| Landscape Course                           | <input type="checkbox"/> |
| One Day Painting Course                    | <input type="checkbox"/> |
| Painting Course                            | <input type="checkbox"/> |
| Printmaking Course                         | <input type="checkbox"/> |

|   |                        |  |
|---|------------------------|--|
| <b>Name</b>   |                        |  |
| <b>Home Address</b>   |                        |  |
|   | <b>Postcode</b>        |  |
| <b>Term Address</b><br>(If different from above)  |                        |  |
|   | <b>Postcode</b>        |  |
| <b>Telephone (Day)</b>  |                        |  |
| <b>Telephone (Mobile)</b>   |                        |  |
| <b>Email</b>  |                        |  |
| <b>Date of Birth</b>  |                        |  |
| <b>Nationality</b><br><b>Please send a copy of your passport with your application.</b> |                        |  |
|   | <b>Passport Number</b> |  |

**Please send to:** Student Registrar, Leith School of Art, 25 North Junction St, Edinburgh, EH6 6HW or email [enquiries@leithschoolofart.co.uk](mailto:enquiries@leithschoolofart.co.uk)

|   |  |
|---|--|
| <p><b>Medical conditions</b><br/>Please give details of any conditions school staff should be aware of.</p> |  |
| <p><b>Educational Background/Qualifications</b></p>   |  |
| <p><b>Work Experience</b></p>   |  |
| <p><b>Personal Statement</b><br/>(Continue on a separate sheet if necessary)</p>                            |  |
| <p><b>Signature</b></p>   |  |
| <p><b>Date</b></p>  |  |

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