



ESTMOS ASSOCIATES INTERNATIONAL

## *Estmos Associates Ministries.*

### *Academy of Sound Capture & Music Production*

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#### **APPLICATION FORM FOR ADMISSION.**

Name: \_\_\_\_\_ Date of Birth. \_\_\_\_\_

Age: \_\_\_\_\_ Gender(Male/Female) \_\_\_\_\_

Address. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ post code \_\_\_\_\_

Home Tel. \_\_\_\_\_ Mobil. \_\_\_\_\_

Fax. \_\_\_\_\_ E-mail \_\_\_\_\_

#### **Church / Fellowship**

Name of Leader. \_\_\_\_\_

Name of Church / Fellowship \_\_\_\_\_

Address of Church / Fellowship \_\_\_\_\_

\_\_\_\_\_ post code \_\_\_\_\_

Church Tel. \_\_\_\_\_ Fax. \_\_\_\_\_

E-mail \_\_\_\_\_

*(Please Turn Over)*

*Please answer the following questions to the best of your ability.*

1. What does the term 'Sound capture and music production' mean to you?

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2, List what you think you will be doing on this training course?

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3, Please list the skills you intend to have acquired on this course in order to consider the course a success?

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