

**ASSISTED INSTRUMENT PURCHASE SCHEME**

NAME OF STUDENT		
SCHOOL		
NAME OF PERIPATETIC TEACHER		
INSTRUMENT REQUIRED		
MAKE & SIZE (SERIAL NUMBER IF ALREADY SET ASIDE)		
NAME OF PREFERRED SUPPLIER		
<i>Please tick relevant box:</i> I wish to purchase the above instrument; I will pay by cheque/credit card/on-line banking for the full amount as invoiced - full payment details will be on the invoice from Central Bedfordshire Council.		<input type="checkbox"/>
My payment will be taken by Direct Debit as per agreement with Central Bedfordshire Council.		<input type="checkbox"/>
<b>I agree to comply with the conditions of the scheme as set out in the Inspiring Music AIPS leaflet and declare that the information given above is correct.</b>		
SIGNED		
NAME <i>(please print)</i>		
HOME ADDRESS		
	POSTCODE	
DAYTIME PHONE NUMBER		
MOBILE PHONE		
E-MAIL ADDRESS		
<b>Important note:</b> The information on this form will be stored on both manual and computer databases. It will not be passed on to any third party.		

**Please return the completed form to the address below:**

Inspiring Music  
 Flitwick Library  
 Coniston Road  
 Flitwick  
 Bedfordshire  
 MK45 1QJ

e-mail: [inspiring.music@centralbedfordshire.gov.uk](mailto:inspiring.music@centralbedfordshire.gov.uk)

Tel: 0300 300 6604