

**APPLICATION FORM**

Name:		Date of birth:
Address:		
Phone number:		
Mobile number:		
Email address:		
Instrument(s)/Voice:		

Please give us a brief outline of your musical experience to date and the reasons why you are interested in taking part in the Music in Healthcare Settings training programme. Please refer to the selection criteria on the brief:

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What do you hope to gain from taking part in the Music in Healthcare Settings training programme?

Is there anything else we should know/you wish to tell us?

Access requirements (please note we require at least 7 days notice of any special access requirements you may have e.g. disabled parking, sign language interpretation, etc):

Dietary Requirements (light refreshments only provided as part of the course):

We will be offering individual places on the training programme as we receive the applications. If your application is deemed suitable, we will invoice for the course fees of £200. Your place on the course will ONLY be confirmed once we have received the course fees. We will close the application process once all eight places have been filled. You are encouraged to **apply as soon as possible** as places could fill up quickly.