



MUSIC IN HEALTHCARE SETTINGS TRAINING
Training Centre, Kedleston Road, Derby
and Royal Derby Hospital
20th, 21st, 22nd, 26th, 27th May 2015

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):

OPUS Music CIC reserve the right to reclaim the full cost of this course should the participant above fail to attend any part of the course. A contract will be issued to participants once a place has been offered to guarantee commitment to the course. Places will be allocated following an informal telephone interview (if deemed necessary) and will be offered at the discretion of OPUS Music CIC.

