

## MUSIC IN HEALTHCARE SETTINGS APPLICATION FORM

| Name  |  |
|---|--|
| Address   |  |
| Mobile number   |  |
| Email address   |  |
| DBS number  |  |
| What is your main instrument?   |  |
| Please give us a brief outline of your relevant experience to date, working as a music leader/facilitator in community settings. You are welcome to attach a C.V. and any web links showcasing your work. |  |
| shewedening year we   |  |
| What do you hope to gain from taking part in the Music in Healthcare Settings training programme?   |  |
| What skills will you personally bring to the training?  |  |
| Is there anything else you would like to tell us?   |  |
| Do you have any access requirements?  |  |

Rhythmix reserve the right to reclaim the full cost of this course should the participant above fail to attend any part of the course. Rhythmix is asking participants to pay the fee of £120 the full cost of a place is £500

Places are limited and will be allocated at the discretion of Rhythmix.

Please email completed form to wishingwell@rhythmixmusic.org.uk

THE DEADLINE FOR APPLICATIONS IS 5PM JANUARY 22ND 2016





Brighton and Sussex University Hospitals







