

Nordoff Robbins Education Department

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**NORDOFF
ROBBINS**
music transforming lives

MPHIL PHD IN MUSIC, HEALTH, SOCIETY VALIDATED BY THE CITY UNIVERSITY, LONDON

Application for 2009/10 cycle

APPLICANT DETAILS

Name:

Mr / Ms / Mrs / Miss / Other (please specify)

Date of birth:

Nationality:

Home Address	Term Address (if different)

Telephone number:

Mobile number:

Email address:

PART1: PERSONAL/ PROFESSIONAL EXPERIENCE

1. Further or Higher Education

Institutions Attended	Dates	Awards



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2. Employment – Please give details of present & previous employment:

Dates	Employment

3. Please give details of any other PRACTICE based/ clinical work experience.

4. Please give details of any RESEARCH / publication based experience.





5. Please detail any membership of professional bodies or awards received.

6. Any other useful information you wish to add?

PART 2: YOUR STUDY

7. Please outline your proposed timetable for research.

8. Do you have any special request for supervision?

9. Please outline any resources needed to undertake the programme, including financial, time, support from employers, access to libraries and IT support





10. Is there any other information you require or wish to provide us?

Please comment on the state of your physical health.

Healthy

Do you have, or have you ever had, a Criminal Record Yes / No

If Yes – please give dates and details

Have you ever been removed or struck off from a professional or other register? Yes /

No

If Yes – please give dates and details

On acceptance to the course, all candidates must undergo a police check.
Overseas candidates will be required to have a police check in their country of residence.

By ticking this box you certify that all statements made in this application form are true, complete and correct to the best of your knowledge and are made in good faith, and you agree that all information herein may be verified.

Date:

