

Please return form and video to:  
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**APPLICATION FORM**

**MASTER OF MUSIC THERAPY**

(Nordoff Robbins) : Music, Health, Society degree programme

Validated by:



**CITY UNIVERSITY  
LONDON**

**PLEASE ATTACH A  
PASSPORT-STYLE  
PHOTO OF  
YOURSELF HERE**

<i>Please complete in black ink or type</i>	
Application Form for the course to commence in September 20	
Preferred teaching base: <input type="checkbox"/> London <input type="checkbox"/> Manchester <input type="checkbox"/> No Preference	
<b>1. YOUR DETAILS</b>	
Name:	
Title: Mr <input type="checkbox"/> / Ms <input type="checkbox"/> / Mrs <input type="checkbox"/> / Miss <input type="checkbox"/> / Other (please specify)	
Have you applied to train with Nordoff Robbins previously? <input type="checkbox"/> Yes <input type="checkbox"/> No Year:	
How did you hear about Nordoff Robbins?	
Home Address	Term Address (if different)
Telephone number:	Mobile number:
Email address:	
Nationality:	Date of Birth:





#### 4. EMPLOYMENT

Please give details of present & previous employment:

Dates	Employer	Duties/ Responsibilities

#### 5. EXPERIENCE

Please give details of any experience you have of working with people who have particular needs as a result of illness, disability, deprivation or social exclusion:

*Continue on a separate sheet if necessary*

Have you personally experienced any kind of therapy, either individually or in a group?  
*Please give a brief description:*

*Continue on a separate sheet if necessary*

Please outline the experiences that have led you to apply to train as a music therapist:

*Continue on a separate sheet if necessary*

Why do you wish to train in the Nordoff Robbins approach to music therapy?

*Continue on a separate sheet if necessary*





## 6. SUBMITTING YOUR VIDEO RECORDING

To help us assess your musicianship and level of playing, we ask you to submit with this form a video of your playing. This can be in any format that we can watch – e.g. VHS videotape, DVD, or as a video file saved in AVI, MP4 or similar format saved on a DVD or flash drive.

This is an opportunity for you to show us not only your skill level but also the breadth of your musicianship. We ask you to include:

- Two contrasting pieces on your first instrument
- One piece on another instrument, if you have one
- One song which you sing whilst accompanying yourself on a harmony instrument (guitar / piano / accordion etc)

The choice of styles and repertoire is entirely up to you, but remember that we are looking for flexible musicians!

This video will be used in conjunction with your completed application form to allow us to make an informed decision as to who to invite to the audition / interview stage.

### Declaration – please tick the appropriate box

  

- I am enclosing the video recording with this application form  
I am posting the video recording separately

Please provide any information we might require to access / open your recording:





## 7. LANGUAGE REQUIREMENTS

It is important for music therapists to be able to communicate clearly and effectively with people who use music therapy services, as well as with carers, colleagues, funders, service managers, and the many other people across health, social care, education and community services with whom they may come into contact.

In addition, since this is a Masters-level training, students are required to read extensively and to discuss, debate and explore concepts in both spoken and written form. This degree of critical thinking therefore requires a good standard of English, both receptively (reading and listening) and productively (speaking and writing).

If you are invited for audition/interview, we will ask you to write a short essay. This is not intended to test your knowledge of music therapy, but simply your ability to write coherently in English.

In addition, if English is not your first language, we will ask you to demonstrate that your English is of a standard which will enable you to meet the demands of the programme (and hence ultimately to meet the requirements of the Health Professions Council). You can do this by submitting evidence that you have successfully achieved one of the following English language qualifications:

Authority	Examination	Minimum outcome required
Cambridge ESOL	Certificate of Proficiency in English (CPE)	Grade C or above
International English Language Testing System	IELTS Academic Test	Overall score of 7.0 with no element below 6.5
Test of English as a Foreign Language	TOEFL Paper Test	620
Test of English as a Foreign Language	TOEFL Computer Test	260
Any UK examining body	GCE 'O'-level or GSCE in English language or English literature	Grade C or above

In addition, if you have completed a first degree taught in English within an English-speaking country (e.g. UK, USA, Australia, Canada), we will consider the eligibility of this as evidence of the standard of your English language. This is at the discretion of the Course Board.

Is English your first language?  YES /  NO

Which of the methods above will you use to demonstrate sufficient command of English?





## 8. ADDITIONAL PERSONAL DETAILS & FEES

We encourage applications from people who consider themselves to have a disability and aim to offer appropriate support to enable all students to achieve the learning outcomes of the programme. For more information please download 'A disabled persons guide to becoming a health professional' from the Health Professions Council website - <http://www.hpc-uk.org>

Do you consider yourself to have a disability?

Yes

No

Please give details:

Do you consider yourself to have any particular learning support needs (for example those resulting from dyslexia, dyspraxia etc.)

Yes

No

Please give details:

*Continue on a separate sheet if necessary*

As registered health professionals, music therapists are required to demonstrate to the Health Professions Council that their health is not an obstacle to safe and effective practice. This does not mean that any particular health condition necessarily bars you from training, but does make it necessary for you to demonstrate that you are able to manage your health effectively. For further information please download the document **A disabled person's guide to becoming a health professional** from <http://tinyurl.com/35qcrne>. More information is available on the Health Professions Council website - <http://www.hpc-uk.org>

Please comment on the state of your physical and mental health and your ability to manage any conditions:

*Continue on a separate sheet if necessary*

All applicants are required to submit a medical reference from their doctor. Please see <http://www.nordoff-robbins.org.uk/musicTherapy/trainingAndEducation/ApplicationForms.htm> for doctor's reference form which you will need to ask your doctor to complete and send to us.

Have you ever been removed or struck off from a professional or any other register in the UK or elsewhere?

Yes

No

If yes – please give dates and details

*Continue on a separate sheet if necessary*





*As registered health professionals, music therapists work with vulnerable members of society and any offer of a place on this programme will be subject to an enhanced CRB check.*

Do you have, or have you ever had, a criminal record?

Yes

No

If yes – please give dates and details

*Continue on a separate sheet if necessary*

*CRB checks relate only to UK criminal records. Please therefore list countries where you have been resident other than the UK at any point in your life:*

Date(s)	Country

Who will be responsible for your fees?

### 9. REFERENCES

*Please provide the names, addresses and telephone numbers of two referees, one professional and one personal. References will be taken up prior to interview. Referees cannot be members of your family, partners etc:*

Personal	Professional
Name:	Name:
Relationship:	Relationship:
Address:	Address:
Telephone Number:	Telephone Number:
Email:	Email:





## 10. DECLARATION

*I declare that to the best of my knowledge and belief, all particulars I have given are complete and true. I understand that any false declaration or misleading statement or any significant omission may result in the withdrawal of any offer of a place on the programme or the termination of my training. I understand that any place is subject to satisfactory personal, professional and medical references. I understand that an offer of a place is dependant on an enhanced CRB Check (from the Criminal Records Bureau Disclosure Service) and Certificates of Good Conduct from any relevant countries of residence*

Signed:

Date:

### Application Checklist:

- Have you enclosed your video recording or indicated that you will send it later?
- Have you asked your doctor to complete the medical report?
- Have you enclosed your application processing fee of £30?

