

## **MEDICAL REPORT**

### **MASTER OF MUSIC THERAPY**

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

Validated by:



**CITY UNIVERSITY  
LONDON**

As part of my application to undertake training as a music therapist, I request that this Medical Report be completed by my doctor and forwarded in confidence to Nordoff Robbins.

Name of Candidate.....Age.....

Postal Address.....  
.....

Signature.....

#### **To the Doctor**

The above named candidate has been offered an audition for the MASTER OF MUSIC THERAPY (Nordoff Robbins) : Music, Health, Society degree programme, validated by City University London.

This is a demanding two-year professional training programme involving therapeutic work with various client groups including children and adults with various disabilities, developmental delay, emotionally disturbance, mental health problems and chronic or terminal illnesses.

As a profession, music therapy is registered by the Health Professions Council and the council requires that music therapists should meet its regulations on "Fitness to Practise". Besides requiring good character and good conduct, this means that candidates are required to demonstrate that their own state of health will not compromise the well-being of any patients with whom they work. This does NOT mean that people with experience of disability or chronic illness of any kind are excluded from training: rather it means that they need to demonstrate that they are able to meet the demands of the role and that they are able to manage their illness or disability in such a way that it does not impair their ability to do the job. Candidates are asked to make a statement regarding their health and their management of their health on their application form, and this medical reference is a means of verifying that statement.

In your capacity as the candidate's doctor I would therefore be grateful if you would answer the following questions.

**For how long have you been the candidate's doctor?**



**How would you describe the candidate's general state of health?**

**Is the candidate receiving any medical treatment? If so, for what condition(s)?**

**Does the candidate suffer from any chronic or enduring condition? If so, do you consider that they are able to manage this condition with sufficient effectiveness to render them fit to practise as a music therapist?**

**Do you know of any reason why this candidate should not undertake this training programme?**

Doctor's signature.....

Address.....

.....Phone.....

Date.....

Please return this form as soon as possible to: The Education Administrator  
Nordoff Robbins Music Therapy  
2 Lissenden Gardens  
London NW5 1PQ  
UK

Many thanks,

Simon Procter  
Programme Director, Master of Music Therapy (MMT)

