



TRANSFORMING LIVES THROUGH MUSIC

COMMUNITY MUSIC REGISTRATION FORM

Welcome to Nordoff-Robbins Music Therapy Australia.

Please take time to fill out the following information. A member of our team will be in contact with you shortly.

CONTACT DETAILS:

Name of participant:	Date of birth:
Contact Person:	Relationship to participant:
Address:	
Email:	Phone:

PARTICIPANT INFORMATION:

What group are you/participant interested in joining?

- Adult group drumming
- Young adult music club
- Primary music club
- Preschool music club
- Adult disability group

What are you/the participant looking for in a music group?
Do you/the participant have a diagnosis? Please give details
Would you/the participant generally be able to engage for the whole group?

How would we know that you/the participant was upset, angry or distressed?
Do you/the participant require any assistance to participate in the group?
Would you/the participant be able to communicate verbally with the facilitator if needed?
Have you/the participant been involved in music groups before? What worked/didn't work?
Is there anything else you'd like us to know about you/the participant?
How did you hear about Nordoff-Robbins?

BILLING DETAILS:

I will be accessing this service through;

NDIS plan managed
 NDIS agency managed
 NDIS self-managed
 Private
 Other:

NDIS number/plan manager contact detail:

LOCATION:

Please tell us where you would like to access services:

Kingswood
 Penrith
 Annangrove

Contact

Address

Postal Address