



TRANSFORMING LIVES THROUGH MUSIC

## SUPPORTED MUSIC LESSON REGISTRATION FORM

Welcome to Nordoff-Robbins Music Therapy Australia.

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

### CONTACT DETAILS:

<b>Name of Student:</b>	<b>Date of birth:</b>
<b>Contact Person:</b>	<b>Relationship to Student:</b>
<b>Address:</b>	
<b>Email:</b>	<b>Phone:</b>

### STUDENT INFORMATION:

<b>What instrument are you/your child interested in learning?</b> Guitar Piano Other:
<b>Do you/your child have a diagnosis? Please give details.</b>
<b>What learning style works best for you/your child? E.g. visual aids, hands on, playful, structured?</b>
<b>Would you/your child generally be able to engage for the duration of a lesson?</b>
<b>Do you/your child require any sensory or physical aids to support learning?</b>

Would you/your child generally be able to communicate verbally with a teacher?
Have you/your child had music lessons before? What worked/didn't work?
Is there anything else you'd like us to know about you/your child?
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:

## AVAILABILITY:

Please let us know what time and day suits you best;

- |           |       |
|-----------|-------|
| Monday    | Time: |
| Tuesday   | Time: |
| Wednesday | Time: |
| Thursday  | Time: |
| Friday    | Time: |