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**Receptive Music Therapy Workshop**

**APPLICATION FORM**

(This is a word document so write as much as you like)

NAME:

MOBILE:

EMAIL ADDRESS:

MUSIC THERAPY QUALIFICATION:

Where did you study for this qualification?

When did you acquire the qualification (year)

CURRENT CLINICAL EXPERIENCE

With whom do you work currently in clinical practice, and what receptive methods do you use (e.g. relaxation, music listening, song sharing, playlist construction?)

What skills/knowledge would you like to take away from the training?

Please return completed form to Dr Denise Grocke at [d.grocke@unimelb.edu.au](mailto:d.grocke@unimelb.edu.au)

By **Saturday March 16th, 2024 with a deposit of $50 to be paid to:**

Avalon GIM Training

Bank code: 733-033

Account number: 591562

The balance of $150 to be paid by **Saturday April 6th, 2024.**