**Together in Sound**

**Music therapy groups for people living with dementia, and their companions**

**APPLICATION FORM: TiS Braintree Museum Summer 2022**

Name of person living with dementia: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth:\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**All participants must attend with a carer, friend or relative – “Companion”.**

Companion’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: Male / Female / Other Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone number:

(Work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Mobile) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency contact for companion**:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number:

(Work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Mobile) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note that we will send all Together in Sound correspondence to the companion named above. If this isn’t convenient, please let us know here:

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In order to maximise therapeutic benefit for the group, we ask that the companion attending with each participant remains consistent across the 10-week period. If you think this is likely to be an issue, please give details below:

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**BACKGROUND INFORMATION**

*If you have attended Together in Sound previously, you do not have to complete all sections in full again,* ***but please tell us about any changes since the previous application form.***

Type of Dementia: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­\_\_\_\_\_\_\_\_

Date of Dementia diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide contact details of any professionals involved in your care at this time:

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Any other current health concerns, including mobility issues:

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Current medication:

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**HOPES AND EXPECTATIONS**

What has led you to want to take part in a ‘Together in Sound’ music therapy group?

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What are your hopes and expectations for your participation in ‘Together in Sound’?

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You don’t have to have previous music experiences to apply to ‘Together in Sound’, however we are interested to know if you have had any previous experience of music therapy, art therapy, psychotherapy, or counselling.

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Is there anything about listening and participating in music that you particularly enjoy?

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Please add any further information you feel would be helpful.

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Where did you hear about the Together in Sound sessions?

Saffron Hall Website Word of Mouth Social Media Posters

Braintree Museum website Healthcare Professional (including social prescribing)

Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_

**AVAILABILITY**

Please tick one, two or all boxes to indicate your availability below – the 1.5 hour sessions will be scheduled during these time windows:

Thursday mornings (10:30 – 12.00)

Thursday afternoons (14:00 – 15:30)

If offered a place, are you **and your carer** able to attend a taster session on Thursday 28th April 2022 and commit to the 10-week term from April-July 2022?

YES / NO (please circle)

Referred by (if appropriate):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed (applicant)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return form to:** Laura Barnard, Braintree Museum, Manor St, Braintree CM7 3HW

Or email to: [laura.barnard@bdmt.org.uk](mailto:laura.barnard@bdmt.org.uk)

**Thank you!**