

AUDITION FORM (to be completed by each member of the group) <i>Please complete in black ink & return with a sample recording of your performance</i>		AUDITION FORM (to be completed by each member of group) <i>Please complete in black ink & return with a sample recording of your performance</i>	
Name:		Name:	
Address:		Address:	
Postcode:		Postcode:	
tel:	mobile no:	tel:	mobile no:
email:		email:	
Instrument(s):		Instrument(s):	
Voice: (<i>soprano/tenor etc.</i>)		Voice: (<i>soprano/tenor etc.</i>)	
Professional musical qualifications: <i>please specify</i> *		Professional musical qualifications: <i>please specify</i> *	
Experience of concert work:		Experience of concert work:	
Experience of hospital work (if any):		Experience of hospital work (if any):	
Do you have your own car?		Do you have your own car?	
How did you find out about Music in Hospitals?		How did you find out about Music in Hospitals?	
Date:		Date:	

*not required for folk and Scots traditional performers