



# MUSIC IN HOSPITALS

SCOTLAND

*communicating through live music*

**AUDITION FORM** to be completed by each member of the group.

*Please complete and return with a sample recording of your performance.*

Name:	
Address:	
Postcode:	
Tel:	Email:
Instrument(s):	Voice: (soprano/tenor etc)
Professional music qualifications: <i>please specify*</i>	
Experience of performing in hospitals/ care homes/ hospices/ day centres etc:	
Please give a few examples of items you might include in a Music in Hospitals concert. This could be for any age group, from older people to younger adults with learning disabilities or mental health issues, to children.	
What do you feel you could bring as a musician, and as an individual, to Music in Hospitals' audiences of patients, residents, clients and special school pupils? Please describe your particular musical and personal strengths.	
How did you find out about Music in Hospitals?	Do you have your own car?
Date:	

\*not required for folk and Scots traditional performers

**Please return this form to  
Music in Hospitals, 10 Forth Street, Edinburgh EH1 3LD**

*Completion of this form does not guarantee a place at audition*