Text

Description automatically generated

Director: (Prof) Dr Denise Grocke, AO

PhD, RMT, RGIMT, FAMI,

**APPLICATION FOR INTRODUCTORY GIM TRAINING**

NAME:

ADDRESS:

PHONE NUMBERS:

EMAIL ADDRESS:

PRINCIPAL (MAIN) THERAPY QUALIFICATION:

Where did you study for this qualification?

When did you acquire the qualification (year)

ADDITIONAL TRAINING BEYOND PRINCIPAL THERAPY?

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 therapeutic method do you use (e.g. music therapy, counseling)?

EXPERIENCE USING RECEPTIVE MUSIC IN CLINICAL PRACTICE

(e.g., relaxation and music; music and imagery; group music and imagery etc).

WHAT GENRE OF MUSIC DO YOU USE IN RECEPTIVE MUSIC METHODS IN YOUR CLINICAL PRACTICE?

(please list some titles of music that you use often)

WHAT ARE YOUR REASONS FOR WANTING TO COMPLETE THE INTRODUCTORY GIM COURSE

WHAT SKILLS/KNOWLEDGE WOULD YOU LIKE TO TAKE AWAY FROM THE TRAINING?

IN WHAT CONTEXT WOULD YOU USE SKILLS DEVELOPED ON THIS COURSE?

Signature:

Date:

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

By **Monday August 20, 2021.**