



7 Briar Road, Twickenham, TW2 6RB, Tel: 020 8538 3866 Fax: 020 8538 3867  
Website: www.richmondmusictrust.org.uk

*Patron: Carl Davis*

## **MUSIC THERAPY REFERRAL**

*Please use this form to refer a child in your care aged under 18*

**Name of Child:** \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: M / F (*please circle*)

Home Language (s): \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Name(s) of Parents/Guardians:** \_\_\_\_\_

Brothers/Sisters (*please include DOB*): \_\_\_\_\_

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

\_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

**Name of Referrer** (*if not parent / guardian*): \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Name and Address of School / Nursery:** \_\_\_\_\_

\_\_\_\_\_

Contact: \_\_\_\_\_ Email address: \_\_\_\_\_

**Other professionals involved:** *Please provide name, profession and contact details / email addresses. .*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Reasons for referral:** *Please describe your child's needs and areas of difficulties.*

---

---

---

---

---

**Diagnosis** *(if known):* \_\_\_\_\_

**Medication** *(and reasons):* \_\_\_\_\_

**Does your child have any condition requiring special caution by their music therapist?** (e.g. epilepsy): \_\_\_\_\_

**Does your child receive any other form of therapy?**  
*Please specify:* \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Name** (please print): \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please attach any other information about your child, which you feel would be useful for us (e.g. statement of special educational needs, medical or professional reports).**

*Thank you for completing this referral form. All information given will remain strictly confidential. You will be contacted shortly to arrange a suitable time for an initial assessment.*

**Please return to Andreas Rosenboom, Head of Music Therapy**

Richmond Music Trust, 7 Briar Road, Twickenham, TW2 6RB

Email: andreasr@richmondmusictrust.org.uk

Direct Line: 020 8744 8097

Chief Executive: Chris Cull

Registered Charity No. 1090623 Company Number. 4218180

## **Assistance with Fees**

**I wish to apply for assistance with fees and enclose relevant documentation \* (see below).**

**I undertake to notify the Richmond Music Trust of any changes in these circumstances affecting my entitlement to such assistance as soon as it arises.**

**I understand the head teacher of the school my child attends may be consulted about this application.**

**Signed.....**

*(Parent / Guardian requesting Assistance with Fees only)*

**Please enclose documentary evidence of current entitlement to one of the following:**

- 1. Receipt of free school meals**
- 2. Receipt of Housing Benefit / Council Tax rebate**
- 3. Receipt of Job Seekers Allowance**
- 4. Receipt of Income Support**

**Documentary Evidence must be offered termly.**

**Please return to Andreas Rosenboom, Head of Music Therapy,**

Richmond Music Trust, 7 Briar Road, Twickenham, TW2 6RB.

Email: [andreasr@richmondmusictrust.org.uk](mailto:andreasr@richmondmusictrust.org.uk)

Direct Line: 020 8744 8097