Bachelor of Music Therapy application form

Please submit this completed form with your application package. (This will also be on our webpage).

Legal name:

Preferred first name:

Cap student number:

Home address:

Phone:

Preferred email:

Personal pronouns:

Please confirm that you are able and willing to complete the following requirements for practicum placements

	yes	No	Comments if no
Vaccinations: ie. COVID, annual flu			
A clear criminal record check			

Academic history: please start with your most recent education.

Name of institution	**Dates**	**Degree, diploma completed**

Musical education and history (please comment on piano, guitar and voice in addition to any other instruments you play)

What is your primary instrument:

What are your secondary instruments:

Music focus	**University**	**Where**	**Other: private lessons, conservatory, or self-taught**	**To what level, degree or grade level achieved**	**Dates**

Have you observed/shadowed/volunteered with a music therapist? If so, who, where and when/for how long?

How did you hear about our program?