**Music Therapy Group Session**

I would like to book a place for the “Families music therapy zoom sessions”.

I would like to attend the group at 10.30am 4.30pm

(please circle the preferred time group)

|  |  |  |
| --- | --- | --- |
| Printed Name | Email | Telephone |
|  |  |  |

Participants details:

|  |  |  |
| --- | --- | --- |
| Name  | D.O.B. | If any, please specify the type of possible support needed.  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Privacy Statement**

North Yorkshire Music Therapy Centre (NYMTC) complies with the General Data Protection Regulations 2018 and works to ensure that personal data is collected and managed in a lawful, fair and transparent way. The personal data you provide here helps us to:

* prepare for and provide music therapy sessions to the referred person or their parents/carers
* contact you regarding music therapy sessions and reports, other relevant information
* identify your contact preferences

Please choose

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you consent to your data being collected for these purposes? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

*Please note that if we are unable to collect necessary information we may be unable to proceed with the provision of a music therapy service.*

NYMTC will never share your information with third parties other than where you give us written permission to do so i.e. to share information with teachers, other professionals etc. Your data will be securely disposed of in line with Department of Health guidance relating to the retention of GP/hospital/personal health records. Your data will be stored securely at all times. You have the right to make a Data Access Request to see the personal data we hold on you and to withdraw your consent for us to hold your personal data; please note that this may affect our ability to continue providing a music therapy service to you. You can find more information here: [**https://ico.org.uk/your-data-matters/**](https://ico.org.uk/your-data-matters/)

Signature

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PLEASE RETURN THE COMPLETED FORM TO THE SCHOOL OR MAIL/EMAIL IT TO:

North Yorkshire Music Therapy Centre

The Byre, Wath Court

Hovingham

YO62 4NN

laura@music-therapy.org.uk

admin@music-therapy.org.uk

Please mark mail or emails as ‘Confidential’.