



## Application Form

All details kept private and confidential in the Synagogue Office. GDPR policy is on FRS website.

### Applicant 1 (person with memory difficulties)

Name: .....

Address: .....

Nature of memory difficulty or diagnosis if known. ....

Anything else we should know, for example, allergies or dietary requirements? .....

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### Contact details of next of kin:

Name: .....

Relationship to person with memory difficulty .....

Address .....

Telephone: Landline..... Mobile: .....

Email: .....

Applicant 2: Accompanying person. Same details as next of kin ☐

Name .....

Address .....

Relationship to person with memory difficulties .....

Telephone .....

Email: .....

We aim to remind members weekly of upcoming sessions. Who should we contact and how you would you prefer to receive these reminders?

Please contact: .....

By email: ☐

by telephone ☐

Applicant 1:

We would like to know more about your favourite songs and the type of music that is most meaningful to you. The more we know about you the more we can make sure the sessions are enjoyable and meaningful to you.

Which songs are particularly special to you, and why? .....

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What is your favourite type of music and who is or are your favourite singer/s

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What was the first record you ever bought? .....

Tell us about your involvement with and enjoyment of music over the years.

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How did you find out about Singing for Memory?

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Name .....

Signature.....

Date .....

Please return to:

Susan Dawson, Singing for Memory, Finchley Reform Synagogue, 101 Fallowcourt Avenue, N12 0BE