

FULL NAME:		
AGE :		
D/O/B:		
ADDRESS:		
Tel / Fax / Mobile:		
Email:		
Hobbies/Interests:		
School / Work:		
Musical History / Experience / Training:		
Why do you want to learn the cello?:		
Musical Goals:		
Other commitments or special circumstances:		
Preferred lesson day / time / duration:		
Use did on have a set Calla Dusania 2		
How did you hear about Cello Dreaming?		
Date of enquiry:		

	New student questions:	
1	Is your child or are you wanting to take lessons on their /your own wish?	
2	Why do you want to learn the cello and with me in particular?	
3	Are you willing to provide either by purchasing or hiring a suitable instrument and all its accessories plus cover the cost for music over the student's development?	
4	Are you willing to purchase an instrument and upgrade to a better higher quality cello, bow and case once the student get's to that level?	
5	Is there a suitable room for you / your child to practice?	
6	Are you prepared for and encouraging to daily practice?	
7	Will you be involved with your child's development even if it as minimum as getting them to play for you once a week?	
8	Do you want me to teach the student any specific music or styles?	
9	What is your weekly schedule like and how do you see learning an instrument and taking lessons fitting in?	
10	Will you ensure regular and punctual attendance?	
11	Are you interested in entering the student into periodical examinations and performance opportunities such as school ensemble, auditioning for local orchestras, Eisteddfods and student cello concerts I arrange?	
CONSULTATION RESULTS:		
Weekly/ fortnightly/monthly/casual student		
Ear tests:		
Sight-reading:		
Pieces played:		
AMEB	/ Level:	