***Note:***

1. FILL IN BLOCK LETTERS

2. Complete all Sections. Incomplete forms will not be processed.

3. Give details, check box indicating **Yes √ (Y)** or **No × (N)**, as and where required

4. Make a photocopy of the application for your own and the organization’s reference before

dispatching

**SECTION A: APPLICANT’S INFORMATION**

\_\_\_\_\_\_\_\_\_\_*(Date of Application).*

(Affix a self-attested passport size photograph)

**1. Name:**

|  |  |  |
| --- | --- | --- |
| First Name | Middle Name | Surname |
|  |  |  |

**2. Postal Address for Correspondence:**

|  |  |
| --- | --- |
| Flat or Plot number |  |
| Mohalla/Street |  |
| Landmark |  |
| City/Town/Village |  |
| State |  |
| Pin Code |  |

**3. Telephone Numbers (including STD code):**

|  |  |  |
| --- | --- | --- |
|  | **STD CODE** | **NUMBER** |
| Mobile | **----** |  |
| Landline, Residence |  |  |
| Landline, Office |  |  |

|  |
| --- |
|  |

**4. Email Address (valid):**

|  |  |  |
| --- | --- | --- |
|  |  |  |

**5.Date of birth (DD / MM / YYYY)**:

**6. Gender:**

**7. Marital Status:**  **8. No. of Children:**

**9. Nationality:**

**10. Fitness** *(Specify and disclose any physical/mental special needs, if any):*

# 11.What is your reason for choosing to join the Arts Based Therapy Course? Where will you practice ABT in the long run? (150-200 words answer)

**SECTION B: APPLICANT’S ELIGIBILITY**

***(Indicate Yes √ (Y) only as and where applicable)***

**12. Language Skills: Please add the information regarding your language abilities below-**

**Languages you are able to :-**

* **Understand -**
* **Read-**
* **Write-**
* **Speak-**

**13. Education:**

|  |  |  |
| --- | --- | --- |
|  | Required Documentation | **SPECIALISATION** |
| **Doctorate / PhD.** | *Attach a copy of mark-sheet or certificate* |  |
| **Post-Graduation**(specify specialisation)  ***Subject:*** Psychology / Social work / Humanities / Other |  |
| **Graduation** in any stream + 2 Years of **work experience** | *Attach a copy of mark-sheet or certificate*  +  *Attach Letter of work experience\** |  |
| **7 years or more work experience** |  |

*\*Format for Letter of work experience:*

*TO*

*Child n you*

*This is to inform that the applicant \_\_\_\_\_\_ has been working with the organisation\_\_\_\_\_\_ and has understanding of working with group (specify population and special needs) for \_\_\_\_\_\_\_\_\_\_years, since \_\_\_\_\_\_\_(year).*

*I am aware that s/he has overall experience of \_\_\_\_\_no. of years of working with this client profile.*

(to be signed by organisation head/authorized signatory)

-- Signed by Signatory / Organisation Head.

**14. Non Academic/Professional/Vocational Courses (if any):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Institution/s** | **Course** | **Duration** | **Specialization (if any)** |
|  |  |  |  |
|  |  |  |  |

**15. Have you applied for/ attended any other Arts Based Therapy course or a similar course before this? Yes/no.**

**If yes, state the details of the course and faculty:**

**SECTION C: ORGANISATION & CLIENT INFORMATION**

**16. Name of Organisation** (the organisation where the applicant will do ABT Project Work):

**17.Address of Organisation:**

|  |  |
| --- | --- |
| Bldg. Name, Number |  |
| Mohalla/Street |  |
| Nearby Reference |  |
| City/Town/Village |  |
| State |  |
| Pin Code |  |

**18. Organisation Contact details:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **STD CODE** | **Landline PHONE** | **MOBILE** | **EMAIL ADDRESS, WEBSITE** |
| General |  |  |  |  |
| Organisation Head | ***Name:*** |  |  |  |
|  |
| Mentor  *(Refer to clause 18 for explanation)* |  |  |  |  |

**19. Nominated Mentor**

Mentor is someone senior from the organisation who can support the student on:

* Organizational logistics (group/clients’ and space availability, regularity, etc.)
* Someone who can visit the sessions once a month to see the sessions

|  |  |  |
| --- | --- | --- |
| **Student Name** | **Name of Nominated Mentor** | **Sign of Mentor**  *Indicating Agreement* |
| **1.** |  |  |
| **2.** |  |  |

**20. Applicant’s Status with the Organisation:**

|  |  |  |
| --- | --- | --- |
|  | Required Documentation | **Indicate Yes √** |
| Employed |  |  |
| Volunteer | *Attach volunteer letter from organisation\*\** |  |

*\*\*Format for Volunteer Letter*

We, the office bearers of *(organisation name)* are aware that (*applicant name)* is participating in P.G Diploma in Arts Based Therapy. We know that Practical ABT Coursework will be done with a group in the organisation for the duration of the Project. The organisation takes responsibility to familiarize the applicant with the group and its pathology / issues. We can confirm that we will provide a designated space / room that is adequate for movement, music and art for \_\_\_\_\_\_\_\_ number of clients from the selected group

*-- Signed by Signatory / organisation Head*

**21. Space availability**

* Available empty room / space, adequate for movement, music and art work: Yes / No
* The room can hold\_\_\_\_\_\_\_(approx no. of) participants.

**22. Attendance &Time Considerations: 100% attendance is compulsory**

|  |  |  |  |
| --- | --- | --- | --- |
| **Purpose** | **Period** | **Where** | **Indicate Yes √** |
| Learning Workshop I | 18th to 25th November 2023  - 8 days | AHMEDABAD |  |
| ABT Pilot Project | Dec 2023 to Feb 2024 | Organisation |  |
| Online sessions | Intermittent, dates will be given | online |  |
| Learning Workshop II | 17th to 24th February 2024 | AHMEDABAD |  |
| Online sessions | Intermittent, dates will be given | online |  |
| ABT Action Research Project | March 2024 to Sep 2024 | Organisation |  |
| ABT Certification | October 2024 | AHMEDABAD |  |

**22.Group or One-to-one – ABT Sessions Modality (choose one):**

|  |  |  |
| --- | --- | --- |
| **Modality** | **Explanation** | **Indicate Yes √** |
| Group work | Working with a group of clients at a time. Minimum 5 individuals make up the group. Including more numbers (7-8) is advisable to consider dropouts over a period of time. 15 hours of direct client contact sessions during Pilot project, and 35 hours of direct client contact sessions during action research necessary.  Max 1.5 hour sessions, max 3 times a week |  |
| One to one | Working with minimum 5 clients individually, one at a time. This requires minimum 6 sessions of minimum 30 minutes with each client during Pilot Phase and minimum 12 sessions with each client during Action Research Phase |  |

**23. Special Needs that the Applicant will work with(choose one):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Key Words** | **Brief explanation** | **Specify sub-group** | **Indicate Yes √** |
| **Children, Disabilities** | Cognitive and physical challenges of various kinds, including Autism, CP, sensory / hearing / visual impairments. |  |  |
| **Children, At-Risk** | Children in institutions, street children, children at-risk of delinquency because of social and economic deprived conditions |  |  |
| **Adults, Psychosocial Rehabilitation** | Mental illness, de-addiction and rehab, Palliative care in HIV or Cancer, ge |  |  |
| **Other** | *(Explain)* |  |  |

**24. Client Configuration for ABT Project Work:**

|  |  |  |
| --- | --- | --- |
| **Members in ABT sessions** | **Specify Age range** | **Indicate Yes √** |
| Min. 5 participants/ individuals |  |  |
| 6 – 8 participants / individuals |  |  |
| 9 – 12 participants |  |  |
| Max. 15 participants |  |  |

**25. Client Continuity(choose one):**

|  |  |  |
| --- | --- | --- |
| **Nature** | **Explanation** | **Indicate Yes √** |
| Fixed | Minimum 5 clients members remain constant over the project period |  |
| Floating | Group profile- ‘type’ remains same (e.g. De-addiction), but individual members change regularly due to treatment modules. |  |

**SECTION D: AGREEMENT (CLAUSES) – APPLICANT**

**26. TO BE SIGNED BY APPLICANT**

|  |  |
| --- | --- |
|  | **Indicate agreement**  **(Yes √ / No ×)** |
| 1. I (applicant’s name) hereby state that the information filled in all the SECTIONS and sub-clauses therein of this Application Form is correct and true. |  |
| 1. I am aware that the certification criterion includes 100% attendance in learning workshops I & II and online sessions and that missing a day of the workshop will be considered as dropout automatically. |  |
| 1. I hereby take responsibility to coordinate and work with a client group during the Course. I understand that in case of change or discontinuation of the organisation / group details as given in Section C of this application, the re/consideration of the alternatives mid-way of the Course is not binding on Child-n-you or The Mind and Arts Institute, and will be done entirely on the basis of the merit of the given circumstance at the discretion of The Mind and Arts Institute. |  |
| 1. I am aware that on time completion of pilot and action research project is a pre-requisite for Certification. During Pilot Project- 15 hours and during Action Research-35 hours of direct client contact sessions are required. In case of difficulties during project period, minimum 12 hours of direct client contact during Pilot phase will be considered, with valid reasons/documentation to be submitted in writing. **I am aware that below the specified minimum hours of completion in pilot project, I will not be eligible to attend learning workshop 2. In such a case , the student will have to apply as a fresh student in the next batch** |  |
| 1. I know that during the Pilot and Action Research Project period students need to work with minimum 5 clients (group or one to one) as specified. In case, mid-way through the project, the number of clients goes below 5, it will directly affect my grades and assessment. |  |
| 1. I know that on-time submissions and minimum 50% score in each section are required criterion for certification. I am aware that if I do not fulfil the certification criterion, there will be no consideration for certification. No further written intimation in this regard will be sent to the organization or student from Child-n-you or The Mind and Arts Institute. |  |
| 1. I understand that in case of non-completion of all required submissions in a given academic year there is no carry forward into subsequent academic years and I may apply again in later year/s as a new applicant only. |  |
| 1. I am aware that to attend Certification Ceremony is compulsory and that the Certificates will not be posted or sent by Courier. |  |
| 1. I accept that the ABT Certification is liable to be revoked if incidence of non-ethical practice or misalignment with the ‘ABT Practitioner’s Values and Code of Ethics’ is reported or found at any point in future. Child-n-you and The Mind and Arts Institute will officially cancel the Certification after due processes. |  |
| 1. I understand that in case I dropout after confirmation, there will be no refund or carry forward of the paid fees. |  |
| 1. I understand and provide guarantee that in case of withdrawal, discontinuance, expulsion   from the Course at any stage or reason, I will reimburse the Course Fees in full to BNCDC and The Mind And Arts Institute. |  |
| 1. I am aware and accept that if I do not fulfil the certification criterion (absenteeism from workshops / non-completion of hours, submissions or project) there will be no consideration for certification and my admission will be considered null and void by default. No further written intimation in this regard will be sent to the student from BNCDC or The Mind and Arts Institute. |  |
| 1. It is understood that the Course material, specific method/s applied or exercised, terminologies are licenced by WCCL Foundation and are the exclusive intellectual property right (IPR) of WCCL Foundation in the form of Copy Rights, Trade Mark etc. The said IP has been created/generated by WCCL Foundation by years of painstaking team effort and empirical application; therefore, **participant shall actively ensure its effective protection and preservation.** No direct or indirect use/circulation shall be made, including in any media publicity, or in public forums, or providing training of the same to others, and any requirement of the same for fair use for education/similar purpose shall be intimated in writing to The Mind and Arts Institute and WCCL Foundation and only after receiving the written permission from The Mind and Arts Institute and WCCL Foundation said fair use may be exercised. |  |
| 1. I, as a participant of the course accept professional indemnity of Child-n-you and The Mind and Arts Institute, and their training team, implying that in case of accidental harm to myself as a participant of the course or to the client group during the ABT course, there will be no liability on the said organization or its trainers. It is my responsibility to be aware of ‘ABT Practitioner’s Values and Code of Ethics’ taught during the Course. It is understood and therefore agreed that, Child-n-you and The Mind and Arts Institute have ensured safe and conducive environ, therefore, it shall be my responsibility to carry out the entrusted/supposed course related activities with due care and exercising caution. Therefore, Child-n-you and The Mind and Arts Institute shall not be liable for any damage/injury caused to the participant during the course. The participant hereby indemnifies and keeps Child-n-you and The Mind and Arts Institute indemnified from all/any liability ensuable from such damage/injury. All participants are advised appropriate insurance cover, which shall be effective in India, should there be an eventuality to that effect. |  |
| 1. Until the time I am certified as an ABT practitioner, I will not be using the term ‘Arts Based Therapy Practitioner/Arts Based Therapist as my qualification. Just attendance of the course does not qualify me to practice as a professional nor teach any of the components of the course. |  |

**Applicant’s Signature and Date:**

**SECTION E: AGREEMENT (CLAUSES) - ORGANISATION**

**27. TO BE SIGNED BY ORGANISATION HEAD/LEADER (if the student is sent by an organisation)**

|  |  |
| --- | --- |
|  | **Indicate agreement**  **(Yes √ / No ×)** |
| 1. I Mr./Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Leader of the organization by the name of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_will ensure 100% attendance of (name/s of the students):   A)  B)  who are applying to participate in the ABT Course \_\_\_\_\_\_\_\_\_\_(fill in the year) |  |
| 1. I am aware of the eligibility and conditions of the ABT Certificate Course as stated in the prospectus and this application form. Under the aegis of our institution, the above student/s will fully attend the learning workshops I & II during the specified period/s. |  |
| 1. I am aware that as part of the Course the student/s will do a practical ABT project in the organisation during the Course. I understand that lack of project work will affect the grades and the learning process of the student. I, on behalf of the Institution, agree to provide infrastructure support for ABT practical work in the organisation. |  |
| 1. I agree to the sharing of identifiable data with The Mind and Arts Institute for the purpose of supervision and assessment of the student project/s. |  |
| 1. I understand that the project documentation will be treated as confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party. No identifiable personal data will be published without prior permission. The identifiable data will not be shared with any other organisation. |  |
| 1. The organisation and the applicant have / will take informed consent from participants for documentation purposes. |  |
| 1. I agree to ABT project documentation in writing and photographs. |  |
| 1. I agree for audio-visual (video) documentation, knowing that it will be confidential and not for public dissemination. |  |
| 1. Towards the purpose of research and growing body of knowledge on ABT, I agree to the publication of non-identifiable data and outcomes of ABT project/s conducted during the Certificate Course, given a due acknowledgement to our institution and the student. | \_\_\_\_\_\_\_  **(Sign)** |
| 1. I am aware of and agree to the visit of The Mind and Arts Institute faculty members / representative to observe and supervise the student/s during the practical ABT work in our organisation. |  |
| 1. I will ensure that we / the appointed mentor shall be present for the ABT Supervisor’s visits. We shall provide feedback on the progress, skills and attitude of the student/s. |  |
| 1. I, on behalf of our institution, accept professional indemnity of BNCDC and The Mind and Arts Institute, and their training team, implying that in case of accidental harm to the student or client group during the ABT course, there will be no liability on the said organization or its trainers. It is the students' responsibility to be aware of ‘ABT Practitioner’s Values and Code of Ethics’ taught during the Course. It is understood and therefore agreed that, BNCDC and The Mind and Arts Institute have ensured safe and conducive environ, therefore, it shall be the responsibility of the participant to carry out the entrusted/supposed course related activities with due care and exercising caution. Therefore, BNCDC and The Mind and Arts Institute shall not be liable for any damage/injury caused to the participant during the course. The participant hereby indemnifies and keeps BNCDC and The Mind and Arts Institute indemnified from all/any liability ensuable from such damage/injury. All participants are advised appropriate insurance cover, which shall be effective in India, should there be an eventuality to that effect. |  |
| 1. I am aware and accept that if the student/s does not fulfil the certification criterion (absenteeism from workshops / non-completion of hours, submissions or project) there will be no consideration for certification and their admission will be considered null and void by default. No further written intimation in this regard will be sent to the organization or student from Child-n-you or The Mind and Arts Institute. |  |
| 1. I understand that the **ABT Certification is liable to be revoked** if incidence of non-ethical practice or misalignment with the ‘**ABT Practitioner’s Values and Code of Ethics**’ is reported or found at any point in future. Child-n-you and The Mind and Arts Institute will officially cancel the Certification after due processes. |  |
| 1. In case student/s dropout after confirmation, there will be no refund or carry forward of the paid fees. |  |

We have read the information provided in all the Sections A to E (all clauses and sub-clauses) of this Application Form.

We have ensured that the information provided herein is honest and true to the best of our knowledge.

We sign underneath to denote our agreement and acceptance to the Clauses in “Section E: Agreement (Clauses) - Organisation”.

**NAME & SIGN OF LEADER/DIRECTOR/HEAD OF THE ORGANIZATION**

**ORGANISATION’S SEAL**

**DATE:**

**SECTION F: AGREEMENT (CLAUSES) - ORGANISATION**

**28.TO BE SIGNED BY ORGANISATION HEAD/LEADER (if the student is volunteering in an organisation)**

|  |  |
| --- | --- |
|  | **Indicate agreement**  **(Yes √ / No ×)** |
| 1. I Mr./Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Leader of the organization by the name of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_have given permission to (name/s of the students):   A)  B)  who are participating in the ABT Course \_\_\_\_\_\_\_\_\_\_(fill in the year) |  |
| 1. I am aware that as part of the Course the student/s will do a practical ABT project in the organisation. during the Course, on behalf of the Institution, I agree to provide infrastructure support for ABT practical work in the organisation. |  |
| 1. I agree to the sharing of identifiable data with The Mind and Arts Institute for the purpose of supervision and assessment of the student project/s. |  |
| 1. I understand that the project documentation will be treated as confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party. No identifiable personal data will be published without prior permission. The identifiable data will not be shared with any other organisation. |  |
| 1. The organisation and the applicant have / will take informed consent from participants for documentation purposes. |  |
| 1. I agree to ABT project documentation in writing and photographs. |  |
| 1. I agree for audio-visual (video) documentation, knowing that it will be confidential and not for public dissemination. |  |
| 1. Towards the purpose of research and growing body of knowledge on ABT, I agree to the publication of non-identifiable data and outcomes of ABT project/s conducted during the Course, given a due acknowledgement to our institution and the student. | \_\_\_\_\_\_\_  **(Sign)** |
| 1. I am aware of and agree to the visit of The Mind and Arts Institute faculty members / representative to observe and supervise the student/s during the practical ABT work in our organisation. |  |
| 1. I will ensure that we / the appointed mentor, shall be present for the ABT Supervisor’s visits. We shall provide feedback on the progress, skills and attitude of the student/s. |  |
| 1. It is understood that the Course material, specific method/s applied or exercised, terminologies are licenced by WCCL Foundation and are the exclusive intellectual property right (IPR) of WCCL Foundation in the form of Copy Rights, Trade Mark etc. The said IP has been created/generated by WCCL Foundation by years of painstaking team effort and empirical application; therefore, no direct or indirect use/circulation shall be made, including in any media publicity, or in public forums, or providing training of the same to others, and any requirement of the same for fair use for education/similar purpose shall be intimated in writing to The Mind and Arts Institute and WCCL Foundation and only after receiving the written permission from The Mind and Arts Institute and WCCL Foundation said fair use may be exercised |  |
| 1. I, on behalf of our institution, accept professional indemnity of Child-n-you and The Mind and Arts Institute, and their training team, implying that in case of accidental harm to the client group during the ABT sessions , there will be no liability on the said organization or its trainers. |  |

.

We have ensured that the information provided herein is honest and true to the best of our knowledge.

We sign underneath to denote our agreement and acceptance to the Clauses in “Section F: Agreement (Clauses) - Organisation”.

**NAME & SIGN OF LEADER/DIRECTOR/HEAD OF THE ORGANIZATION**

**ORGANISATION’S SEAL**

**DATE:**

**29. Fees Details:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Applicant’s Name:** | | | | | |
| **Host Organisation’s Name:** | | | | | |
| **Amount** | **In the name of** | **Dated** | **Cheque / DD no./online** | **Bank** | **Receipt to be issued in name of** |
| 55,000/- | Child-n-you  MICR code: 400016094  Branch address: Aggarwal Arcade, Opp. Acme Ozone, Off Glady Alvares Road, Thane West  Pincode: 400601  Tell no:022-25895181 |  | Account No.- 3058830239  IFSC Code- CBIN0283330  (fifth character is zero) | Central Bank Of India  Vasant Vihar, Thane |  |

***Outstation candidates are required to pay for the travel and stay (if required) of the in person-supervision visit.***

**CHECKLIST FOR COMPLETION OF THE APPLICATION:**

|  |  |  |
| --- | --- | --- |
|  | **Attached, Mark √** | **Not Applicable (N/A)** |
| 1. Self-attested passport size photo affixed |  |  |
| 1. Copy of evidence of Post-graduation / Graduation |  |  |
| 1. Letter of work experience |  |  |
| 1. Letter of undertaking from the organisation |  |  |
| 1. Mentor’s Signature in Clause 18 |  |  |
| 1. Applicant’s signature in Section D |  |  |
| 1. Organisation Head / Signatory’s Signature in Section E, sub-clause 9 OR Section F, sub-clause 8 |  |  |
| 1. Organisation Head / Signatory’s Signatures and Organisation Seal at end of Section E or Section F |  |  |
| 1. Cheque/s / DD for Fees |  |  |
| 1. Brochure / write-up or web-link of your Organisation |  |  |
| (Any Other) |  |  |

**FOR OFFICIAL USE ONLY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sr. No. of Application | Date Received  (DD/MM/YYYY) | Whether approved | Digitization | Scanning | AUTH. Sign. | Roll. No. |
|  |  |  |  |  |  |  |