***EVOLVE ARTS BASED THERAPY CERTIFICATE COURSE***

***BY***

***CHILD-N-YOU***

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:**

|  |  |
| --- | --- |
| Bldg. Name, Number |  |
| Mohalla/Street |  |
| Nearby Reference |  |
| 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):*

**SECTION B: APPLICANT’S ELIGIBILITY**

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

**11. Language Skills:**

|  |  |
| --- | --- |
|  | **Indicate Yes √** |
| Understanding and Reading in English |  |
| Writing in English |  |

**12. Education:**

|  |  |  |
| --- | --- | --- |
|  | Required Documentation | **Indicate Yes √** |
| **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 whomsoever it may concern*

*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).*

-- Signed by Signatory / Organisation Head.

**13. Informal Education (if any):**

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

**14. 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:**

# Where will you practice ABT in the long run?

**SECTION C: ORGANISATION & CLIENT INFORMATION**

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

**16.Address of Organisation:**

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

**17. Organisation Contact details:**

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

**18. 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.** |  |  |

**19. 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 ABT Course. 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.

*-- Signed by Signatory / organisation Head*

**20. Space availability**

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

**21. Attendance &Time Considerations:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Purpose** | Period | **Where** | **Indicate Yes √** |
| Contact Class- Workshop I | 10th to 17th July 2022 | Ahmedabad |  |
| ABT Pilot Project | July to October | Organisation |  |
| Contact Class- Workshop II | 13th to 20th November 2022 | Ahmedabad |  |
| ABT Action Research Project | December 2022to April 2023 | Organisation |  |
| ABT Certification | Date will be decided | 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. 16 hours of direct client contact sessions during Pilot project, and 36 hours of direct client contact sessions during action research necessary. |  |
| 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 |  |  |
| **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 (September– April) |  |
| Floating | Special needs ‘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 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, and will be done entirely on the basis of the merit of the given circumstance at the discretion of Child-n-you. |  |
| 1. I am aware that on time completion of pilot and action research project is a pre-requisite for Certification. During Pilot Project of 15 hours and during Action Research of 35 hours of direct client contact sessions are required. In case of difficulties during project period, minimum 11 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 completion in pilot project, I will not be eligible to attend learning workshop II. |  |
| 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. |  |
| 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 will officially cancel the Certification after due processes. |  |
| 1. I understand that in case dropout after confirmation, there will be no refund or carry forward of the paid fees. |  |

**Applicant’s Signature and Date:**

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

**27. TO BE SIGNED BY ORGANISATION HEAD / LEADER**

|  |  |
| --- | --- |
|  | **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 \_\_\_\_\_\_\_\_\_\_(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 Child-n-you 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 Child-n-you 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, **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 Child-n-you and WCCL Foundation and only after receiving the written permission from Child-n-you and WCCL Foundation said fair use may be exercised. |  |
| 1. I, on behalf of our institution, accept professional indemnity of Child-n-you, 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, Child-n-you 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, Child-n-you shall not be liable for any damage/injury caused to the participant during the currency of the course. The participant hereby indemnifies and keeps Child-n-you indemnified from all/any liability ensued 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 the Child-n-you. |  |
| 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 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:**

**28. Fees Details:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Applicant’s Name:** | | | | | |
| **Host Organisation’s Name:** | | | | | |
| **Amount** | **In the name of** | **Dated** | **Cheque / DD no.** | **Bank** | **Receipt to be issued in name of** |
| RS.  47,000- | Child-n-you |  |  |  |  |

For Bank Transfer:

A/c no: 3058830239

Name of account:

Child-n-you

Branch:

Vasant Vihar, Thane

IFSC code: CBIN0283330

MICR code: 400016094

Branch address: Aggarwal Arcade, Opp. Acme Ozone, Off Glady Alvares Road, Thane West

Pincode: 400601

Tell no:022-25895181

**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 |  |  |
| 1. Organisation Head / Signatory’s Signatures and Organisation Seal at end of Section E |  |  |
| 1. Cheque/s / DD/Transfer 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. |
|  |  |  |  |  |  |  |