**Music as Therapy**

**for Young Children with Learning Disabilities**

***A Distance Learning Programme***

**Application Form**

**Students interested to register for the Music as Therapy for Young Children with Learning Disabilities Blended Learning Programme are required to complete this Application Form. Successful registration will be confirmed via email. The deadline for applications is 27th August 2025. The first online tutorial for this course will be posted in on Wednesday 17th September 2025 and will be followed by 7 subsequent tutorials, monthly. In addition to the online tutorials, students will be required to complete a Written Assignment each month. They will also be required to attend a 2-day Intensive Study Weekend either at the end of October or in November in Tbilisi (exact date, timing and venue to be confirmed) and undertake and document 8 weeks’ practical work (starting in April 2026).**

**If you would like any additional information please contact Tako Jordania: takojordania@musicastherapy.org**

**Applicant Details**

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| **Full Name:** |  | **Email:** |  |
| Please tick if it is convenient for future correspondence to be carried out by e-mail | | | |
| **Job Title:** |  | | |
| **Contact Address:** |  | | |
| **Telephone No:** |  | **Mobile No:** |  |

**Details about your place of work**

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| **How many children do you currently work with?** |  |
| **How many children attend your setting (total capacity)?** |  |
| **How many Hours per week do you work directly with children?** |  |
| **How would you describe the children with whom you work? What are their primary needs?** | |
| **What is your role at work? Please describe the type of work you do with these children each week?** | |

**Practical Assignment**

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| **All students are required to practice their new music skills with one group of 3-5 young children with disabilities, delivering music sessions once a week for 8 weeks (following successful completion of the Online Tutorials, Written Assignments and participation in the Intensive Study Training).** | | |
| **I understand the requirements of the Practical Assignment of the Music as Therapy for Young Children with Learning Disabilities Distance Learning Programme** | | |
| **Place of Work:** | |  |
| **Address:** | |  |
| **Telephone No:** | |  |
| ***Please tick one of the statements below:*** | | |
|  | **This is where I am currently employed to work**  **This is somewhere I have arranged to run my music group for the purposes of the course** | |
| **Manager’s Name:** | |  |
| **Manager’s Email:** | |  |

**Relevant Work Experience (You may attach additional sheets if required)**

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| **Please give details of any work (paid or unpaid) you have done with young children with Learning Disabilities. (**Please supply dates, age of the children, details of your role and responsibilities.) |
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| **Relevant Education/Training Courses (You may attach additional sheets if required)** |
| **Please give details of any training courses you have taken which are relevant to your work with young children with Learning Disabilities. (**Please supply dates, the course title, name of provider and learning outcomes.) |
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**Application of Learning**

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| **Why have you chosen to participate in this course and how do you think you will use your learning in the future? Please write no more than 500 words.**  **You may find it helpful to consider the following questions:**  (1) Why did you choose to participate in this course?  (2) What benefits will this course bring to your work?  (3) What benefits will this course bring to the children you work with?  (4) How do you think you will use your learning in the future? |
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**Course Payment**

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| The full fee for this programme is ₾1,500 covering the cost of development and delivery. Fees are payable in advance via PayPal (link to be shared if application is successful) and are non-refundable in the event of failure to take up an offered place or complete the full programme. This is a not for profit programme. Please complete one of the options below: |
| 1. I, myself, am able to pay the course fees in full. |
| 1. My place of work is able to pay the course fees in full for me. |
| We want this course to be accessible to anyone who is interested. If it is difficult for you to make one payment in advance or pay the full course fees, you may pay in two instalments or apply for a subsidised place. |
| 1. I would like to pay the course fees in two instalments (the first payment in advance for half of the fees and the second payment for the remaining half of the fees in March 2026 before the practical work). |
| 1. I would like to apply for a subsidised place   The contribution I can make to the programme fees is ₾\_\_\_\_\_\_\_. |
| 1. I am not able to contribute to the course fees. I require full sponsorship of my fees. |

**Supporting Information and Manager’s Approval**

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| **Integral to the Music as Therapy for Young Children with Learning Disabilities Distance Learning Programme is the practical application of skills learned. All students are required to undertake a Practical Assignment during which they will run 8 weekly music as therapy sessions with a small group of young children with learning disabilities (starting in April), guided by their prior learning on the course.** |
| I have discussed the Music as Therapy for Young Children with Learning Disabilities Distance Learning Programme with the applicant, and support his/her participation. I am aware that a practical placement is part of the course and will ensure he/she is able to undertake this in the workplace. |
| In line with ensuring the safety of young people with learning disabilities, I am confident to allow the participant to run music as therapy sessions with children for whom I have responsibility. |
| **Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

*Return to: Tako Jordania: takojordania@musicastherapy.org*