**Interactive Music-Making Award Application Form**

This Application Form is for Early Years Settings that wish to apply for an Interactive Music-Making Award.

If you are an individual who would like to apply for a paid or part-subsidised place on the course, you should complete the separate **Interactive Music-Making** **Application Form**.

The Early Years Setting Manager should complete this form. You may attach additional sheets if required. The nominated practitioner should complete a separate **Interactive Music-Making Student Application Form** and submit it together with this form by **Friday 6th September**.

If you are completing this form as a hard copy, you are welcome to add additional sheets if your details exceed the space provided here.

Please return your application to **Music as Therapy International** by **Friday 6th September** to be considered for an Award to support the participation of ONE Early Years Practitioner in the September 2024 Interactive Music-Making Course.

Please return your application form to the **Music as Therapy International** team by:

E-mail: elsahariades@musicastherapy.org

Post to: Mowll Street Business Centre, 11 Mowll Street, London SW9 6BG

If you have any queries about the programme or require assistance in completing your application, please contact us either via the above e-mail address of by calling us on 020 7735 3231.

**SECTION A: Contact Details**

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| **Name of applying early years setting:** |  |
| **Website:** |  |
| **Address:** | **Postcode:** |
| **Telephone No:** |  |
| **Manager’s Name:** |  |
| **Manager’s Email:** |  |
| **Early Years practitioner nominated to undertake the Interactive Music-Making course:** |  |
| **Job title/Role in setting:** |  |
| **EY Practitioner’s Email:** |  |
| **EY Practitioner’s Tel. No:** |  |
| **Where did you/they hear about IMM?** |  |
| Please tick if it is convenient for future correspondence to be carried out by e-mail | |

**SECTION B: About the applying Early Years Setting**

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| **Please use the box below to tell us about your setting. What services do you currently offer? What aspect of your offer do you want to develop? What challenges do you face in fulfilling your service delivery?** | |
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| **What was the date of your last OFSTED inspection?** |  |
| **Are you able to attach a copy of your OFSTED Report to this application?** | YES (attached)  Not available |

**SECTION C: About the community you serve**

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| **Please use the box below to tell us about the community you serve in as much detail as you can. For example, what is your catchment area (geographic and/or numeric)? How many children (and/or families) regularly attend your setting? Are there additional people who access your services on an ad hoc basis? What can you tell us about the challenges faced by the children in your wider reach and community? Please consider the impact of inequalities relating to poverty, EAL, SEN, unemployment and race on your children and their families, plus any other challenges specific to your area.** |
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**SECTION D: About the nominated Early Years Practitioner**

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| **Why are you nominating the Early Years practitioner named in Section A of this form to complete the Interactive Music-Making course?** *Please include information relating to their proven skills, personal motivation, length of service and commitment to your setting etc.* |
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| **How do you hope they will bring their learning back into your setting? Do you have a long-term vision for Interactive Music-Making in your setting?** |
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**SECTION E: Musical Instruments**

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| Funding is available for musical instruments, where these are needed. Please attach a photograph of the instruments that would be available to the nominated staff member to use for their practical assignment.  Photo Attached |
| **Is there anything else you’d like to tell us about the instruments available or needed for Interactive Music-Making sessions?** |
| *If you have instruments but are unable to attach a photo please tell us here.* |

**SECTION F: Cover or Travel Costs**

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| The taught component of the course will take place in South East London (11 x 3 hours in the afternoon). Please detail your estimated costs below. You will be required to provide evidence of costs incurred prior to receiving payment. | | |
|  | **Details** | **Total Cost** |
| **Travel Costs** |  |  |
| **Cover** |  |  |
| **TOTAL (The maximum funding available for travel and/or cover is £650)** | |  |

**SECTION G: About the Award**

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| You are completing this Application Form because you wish to apply for an Award to support a member of your early years team accessing training to benefit your setting in the future.  The Award comprises:   * Full coverage of the course fees for the person nominated in this application (£725). These fees are non-refundable and non-transferable should the nominated individual be unable to complete the training. * A contribution to the travel and/or cover required by the setting to release the nominated early years practitioner to attend the weekly taught seminars (September-December 2024). This contribution is capped at £650 and is payable upon completion of the course. You will be required to provide evidence of costs incurred prior to receiving payment. * Musical instruments (where needed) to equip or enhance the early years setting, for use in future interactive music-making sessions. |
| Integral to the Interactive Music-Making learning programme is the practical application of skills learned. **All students will be required to run 8 weekly Interactive Music-Making sessions with a small group of under 5s in their place of work** (starting January 2025). Guidance will be given on the course in forming and running these groups, and local consent processes will be followed. |

**SECTION H: Signed Declaration**

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| **I have read the statements above and understand the scope of the award.**  **I am aware that a practical placement is part of the course and will ensure our nominated applicant is able to undertake this in the workplace.**  **I am aware that my approval for the Interactive Music-Making Award is based on the information I have provided above and hereby confirm that it is accurate and correct to the best of my knowledge.**  **I am aware the data may be used by *Music as Therapy International* to communicate the impact of the Interactive Music-Making Learning Programme to the charity’s supporters.**  **Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Name:** (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please return your application form by email to:

[elsahariades@musicastherapy.org](mailto:elsahariades@musicastherapy.org)

or by post: Music as Therapy International, Mowll Street Business Centre, 11 Mowll Street, London SW9 6BG

by **Friday 6th September 2024**.