**Interactive Music-Making Student**

**Application Form**

This Application Form is for individuals wishing to apply for a paid or part-subsidized place on the Interactive Music-Making Course. It is also for nominated Early Years practitioners whose organisation is applying for an Interactive Music-Making Award.

Please return your application to **Music as Therapy International** by **Friday 6th September** to be considered for the course.

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.

If you wish to apply for an **Interactive Music-Making Award\*** please ask your Manager to submit the Interactive Music-Making Award Application Form alongside this form. Please note, the deadline for applications for an Interactive Music-Making Award is also **Friday 6th September**.

\*Applications to our Interactive Music-Making Award can only be accepted from Early Years Settings.

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

E-mail: [elsahariades@musicastherapy.org](mailto: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 or by calling us on 020 7735 3231.

**SECTION A: 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:**  (if different to work) | **Postcode:** | | |
| **Telephone No:** |  | **Mobile No:** |  |
| **Place of Work:** |  | | |
| **Work Address:** | **Postcode:** | | |
| **Telephone No:** |  | | |
| **Manager’s Name:** |  | **Manager’s Email:** |  |
| **Where did you hear about IMM?** |  | | |

**SECTION B: Relevant Work Experience**

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| **Please give details of any work (paid or unpaid) you have done with children under 5 years old*.***  *(Please supply dates, ages of the children and details of your role and responsibilities.)* |
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**SECTION C: Education/Qualifications**

**Please give details of any qualifications you hold, even if they are not relevant to your work with children. Please include only the highest and most recent qualifications obtained.**

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| --- | --- | --- | --- | --- |
| **From** | **To** | **Provider** | **Course Title** | **Result/Grade Achieved** |
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**Please indicate whether English is your first language**

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| **English is my first language** |  |
| **My first language is not English, it is…** |  |

**SECTION D: Relevant Training Courses/Other Learning**

**Please give details of any training courses you have undertaken or other forms of learning which are relevant to your work with children under 5 years old not listed in the previous section.**

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| **Date(s)** | **Provider** | **Course / Learning Title** | **Duration and learning outcomes achieved** |
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**SECTION E: Application of Learning**

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| **How is this course relevant to your current role and how will you apply your learning in the workplace?** |
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| **If you are employed at an early years setting, please give us an idea of how your impact will be felt:**  *\*If you're an independant practitioner, you may not be able to answer this. These figures are requested for the charity's impact collection and will not jeporadise your application.* | |
| Setting reach (total number of Under Fives you work with) |  |
| Number/percentage of your children with Special Educational Needs (SEN) |  |
| Number/percentage of your children with English as Second Language (EAL) |  |

**SECTION F: DBS Clearance**

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| To avoid the cost of duplicated DBS clearance, required for the practical work with children associated with undertaking this learning programme, please confirm the applicant has been cleared by completing the details below. |
| **Disclosure and Barring Service Check Details:**  **Serial No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of issue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**SECTION G: Safeguarding**

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| *Music as Therapy International* recognises its responsibility to promote the welfare of all children and to keep them safe. We are committed to practising in a way that protects them. Please tick one of the boxes below to show your awareness of local safeguarding policies and procedures. |
| I know where I will be undertaking my practical assignment and I have attached a copy of the setting’s safeguarding policy |
| I do not yet know where I will be undertaking my practical assignment but I understand that I will need to obtain and submit a copy of the setting’s Safeguarding Policy prior to commencing my practical assignment |

**SECTION F: Application of Learning**

**SECTION H: Manager’s Approval**

**Please ask your manager to complete the section below in support of your application.**

*If you are applying for an Interactive Music-Making Award, your Manager does not need to complete this section. Instead, they will need to submit a completed* ***Interactive Music-Making Award Application Form****.*

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| 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. |
| **I have discussed the Interactive Music-Making 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.**  **Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Name:** (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**SECTION I: Signed Declaration**

**I am aware that my acceptance onto the Interactive Music-Making Course is based on the information I have provided above and hereby confirm that it is accurate and correct to the best of my knowledge.**

**Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name:** (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION J: Payment Details**

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| The full fees for this programme are £725, covering the cost of development and delivery. Fees are payable in advance 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 indicate below your preferred payment method:** | |
| **I attach a cheque for £725** | **I will be making a payment via BACS**  **Account name: Music as Therapy**  **Sort code: 40-52-40**  **Account Number: 00005093**  *Please quote your last name in the reference* |
| **I would like to apply for an Interactive Music-Making Award and have asked my Manager to complete the** [**Interactive Music-Making Award Form**](file:///T:\.tresorit\Main%20Shared\United%20Kingdom%20(all%20projects)\Interactive%20Music-Making%20Learning%20Programme\Administration\Application%20Forms\2023%20Application%20Forms\IMM%20Award%20Application%20Form%202023.docx) **(deadline 10th September 2024).** *Applications for our Interactive Music-Making Award can only be accepted from Early Years settings.* | |
| **Please send an invoice to:** | |

**I would like to apply for a subsidised place on the course and am seeking funding**

**of £\_\_\_\_\_\_**

*(Once a subsidised place is awarded, arrangements will be made to collect any contributory funding from the applicant).*

**To help us consider your application for a subsidised place, please briefly explain why you require help meeting the course fees:**

SUBSIDISED PLACES WILL BE AWARDED BY THE END OF AUGUST 2014

Please return your application form by email to Elsa:

[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.**