Introductory Training Expression of Interest Form

(International Programme)

Anyone interested to put an organisation/centre known to them forward to receive an Introductory Training project from *Music as Therapy International* is asked to complete this form. We use the information you supply here to help us consider what you are seeking and why, whether this is something we can provide, what resources are needed, whether we feel able to explore a project partnership further and to help us plan any training projects. Please complete the following form with as much information and as accurately as possible. If you would like to put forward more than one organisation/centre, please complete separate forms for each one.

1. About the Applicant who is completing this form

|  |  |
| --- | --- |
| Name of Applicant:  | Position:  |
| E-mail:  | Telephone:  |
| Besides email what other form of communication do you use? (e.g. Skype, Zoom, Microsoft Teams, WhatsApp, etc.) |
| How did you hear about *Music as Therapy International*? |
| Why are you interested in an Introductory Training? [ ] I run the organisation/centre below[ ] I am an employee at the organisation/centre below[ ] I am a volunteer at the organisation/centre below[ ] Other *(please give details)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Have you explored alternative local resources/individuals/organisations for similar training projects? If yes, please give details: |

1. About the Organisation/Centre where introductory training is wanted

|  |
| --- |
| Name of the organisation/centre:  |
| Address: | Website (if applicable): |
| How would you describe the named organisation/centre (e.g. school, day centre, hospital, residential centre, etc.)? |
| Please provide a description of current services offered by the named organisation/centre:  |
| Are there any other local or international charities/organisations involved in training or supporting your staff? If yes, please give details:  |

1. About the Organisation’s/Centre’s beneficiaries

|  |
| --- |
| How many children/adults benefit from the current services in the named organisation/centre?  |
| What is the age group of the named organisation’s/centre’s beneficiaries? Very young children (0-5 years) Yes/NoYoung children (6-12 years) Yes/NoAdolescents (13-19 years) Yes/NoYoung adults (20-25 years) Yes/NoAdults (26-65 years) Yes/NoOlder people (66 years +) Yes/No |
|  Please tick any of the following which describes the difficulties of the beneficiaries:[ ] Learning Disability [ ]  Communication Difficulties [ ] Attention Difficulties[ ] Physical Disability [ ] Hearing impairment/Deaf [ ] Autism[ ] Dementia [ ] Serious illness [ ] Emotional difficulties [ ] Trauma [ ] Hyperactivity [ ] Mental Illness[ ] Grief[ ] Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please outline how the beneficiaries access the services of the organisation/centre named (e.g. daily attendance, outreach session, residing in your centre, etc.): |

1. About the staff

|  |
| --- |
| How many staff work within the organisation/centre named?  |
| How How many staff would you like to receive music training? *(Staff should be willing to learn new ideas and concepts, work directly with the children/adults, be available for training at an agreed time we will agree with you in advance & be committed to developing the music programme after the initial training. Staff do not have to have existing musical skills.)*  |
| What are the current roles of the staff who would like to receive training (e.g. teachers, care staff, volunteers, etc.)? |
| What languages can the staff who would like to take part speak, read and write? |
| If any aspect of the training we provide could be offered online, would participating staff be able to access a computer and the internet? *(Some but not all trainings would require this.)* |

1. About your expectations from the training

|  |
| --- |
| Why do you believe music is important for the children/adults at the organisation/centre? |
| Why do you believe participating staff would want or need training from *Music as Therapy International?* |
| What benefits do you hope for the beneficiaries? |

|  |
| --- |
| When we develop any Introductory Training projects with new Partners we take the time to understand the services the organisation(s)/centre(s) currently offers and to work with the local staff to identify how we might help to support or extend their services. We then design an Introductory Training project in response to this. Our intention is always that the impact of our involvement is locally sustainable. Our focus is not what we can achieve during a training project, but on what can be continued by local staff after the training is complete. One of the ways we often provide training is to bring a music therapist to work alongside participating staff over a 6-week period. We work in partnership with the organisation/centre to design a timetable which enables all staff who would like to access the training to join music sessions run by our team with individual clients or small groups of clients on a weekly basis. We also schedule time for discussion about the music sessions and the clients’ progress. Our aim is to create a timetable which fits alongside the services the organisation/centre is currently offering so that staff can access training by taking part in demonstration music sessions held by our team with your clients, without undue disruption to their regular timetable. Their participation should not have a significant impact on their wider responsibilities in the setting. Over the course of the 6 weeks, the staff’s involvement in music sessions will increase until they have taken over the leadership of the music sessions. We hope to leave the staff with the confidence, skills, resources and experiences so that they will be able to continue running a music programme into the future.Would the 6-weeks training model be suitable for the named organisation/centre?[ ] YES [ ] NOIf not, please can you explain why *(We have also used online training tools, such as Distance Learning, sharing written resources and other ways to deliver training which may suit an organisation’s/centre’s needs better. The more you can tell us the better we are able to understand the named organisation’s/centre’s local situation and provide a training that will meet their needs.)*: |

1. Organisation’s/Centre’s contributions to the training

|  |
| --- |
| We never want funding to prevent staff from receiving training, but we do expect our international Partners to contribute to the training project in some way. Some Partners cover some costs, others provide some services or provide support to our team when we are arranging or delivering the training. Please look at the list below and tell us what the named organisation/centre might be able to contribute to any training we provide *(tick any from below that applies)*:**Accommodation:** [ ] Provide for free [ ] Help find suitable, low-cost accommodation**Meals:** [ ] Provide some free meals at the organisation/centre**Translation:** [ ] Provide free spoken translation (for scheduled meetings)[ ] Provide free written translation (for a small number of pages)[ ] Help to find a low-cost translator**Transport:** [ ] Provide free transport to the centre from our team’s accommodation[ ] Provide some free transport, when possible or necessary[ ] Help make local travel arrangements**Photocopying:**[ ] Provide for free[ ] Our team can use the named organisation’s/centre’s photocopier for a small fee**Computers/Internet:**[ ] Our team can use a computer in the named organisation’s/centre’s office anytime[ ] Our team can use a computer in the named organisation’s/centre’s office by arrangement[ ] The named organisation/centre have free wi-fi**Funding:**[ ] The named organisation/centre have funding that can contribute to the training project[ ] The named organisation/centre can raise some money for the training project[ ] The named organisation/centre need this training project to be fully funded by *Music as Therapy International***Other contributions** *(please give details)***:** |

1. Practical aspects of the training

|  |
| --- |
| At what time of year would you like the training to take place?  |
| Are there any events which could prevent the training taking place at this time? (e.g. local holidays, religious or cultural events, bad weather conditions, etc.) |
| Are there any local circumstances or anticipated changes in the foreseeable future which may jeopardise a training project or affect local safety? (e.g. school closure, changes to staff team or clients, elections, political instability, etc.):  |
| Please provide details of the named organisation’s/centre’s current daily timetable:  |
| During training we typically run music sessions with the children/adult at the organisation/centre to demonstrate ways of working. Would there be some time in the day and a space where this could be possible? |
| Does the named organisation/centre have any musical instruments? [ ] YES [ ] NOIf yes, please attach a photograph or list here the musical instruments you have.If not, is there anywhere to buy musical instruments locally? If so, please give details: |
| If the training project will require our team spending time in the country of the named organisation/ centre, which of the following could our team have access to?[ ] English speaking person in the workplace[ ] A Television and DVD Player, or a computer with speakers in the workplace[ ] Internet access at the workplace  |
| *Music as Therapy International* is committed to promoting the welfare of all children and vulnerable adults and keeping them safe. Does the named organisation/centre have any policies or procedures, or a staff member who is responsible for the protection of all children and, or vulnerable adults? If yes, please give details: |
| Is there anything relating to local health risks, personal safety or the local context that we should know to help our team work safely with the organisation/centre? If yes, please give details: |
| Is there anything else you would like to tell us about your hopes for this training (e.g. how long you’d like it to be, what resources you would need, etc.)? |

1. Signed Declaration (this section must be completed)

|  |
| --- |
| **This form was completed by:****Signed ........................................................................ Date ....................................****Print Name…...............................................................................** **Position/Role ………………………………………………………**  |
| ***This application must also be signed by the Director or Manager of the organisation/centre named above:*****I [the Director/Manager] agree that all information provided is correct and fully support this application to develop and host an Introductory Training project in partnership with *Music as Therapy International*.** **Signed ........................................................................ Date ....................................****Print Name..................................................................................** **The Director/Manager of** *[organisation’s/centre’s name]* **..................................................................**  |

Please return this form to Makeda Mitchell (International Programme Coordinator)

Email: makedamitchell@musicastherapy.org

Website: [www.musicastherapy.org](http://www.musicastherapy.org)