**Supervision Request**

1. Applicant’s information

**Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The country you live in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of workplace: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please give details of any training (formal or informal) which contributed to you becoming a Local Partner of *Music as Therapy International.* This may include direct training from *Music as Therapy International*, skill-sharing from a colleague themselves trained by *Music as Therapy International,* participation in training provided by a trainer who has been awarded ‘Recommended Trainer’ status by *Music as Therapy International*.**

1. Information about the Applicant’s work and music sessions

**1) How many beneficiaries attend your place of work?**

**2) Who are the beneficiaries of your place of work?**

**3) Do you currently have a music programme running?**

**Please complete questions 4-7 only if you are currently running a music programme** *(if you are not currently running a music programme please skip questions 4-7 and complete questions 8-10).*

**4) How long has your music programme been running?**

**5) How many beneficiaries are currently involved in your music programme?**

**6) Please describe the needs of the beneficiaries of your music programme and how you select them.**

**7) Please tell us how you deliver your music programme (e.g. how many sessions do you hold each week? Are these with groups or individuals? How regularly do you hold your sessions, etc.).**

**Please complete questions 8-10 only if you are not currently running a music programme.**

**8) Please tell us why you are not currently running a music programme:**

**9) If you have previously ran a music programme, please give details of who you were working with and for how long; and if and how the children/adults benefited from your music sessions:**

**10) If you are intending to start running a music programme, please give details of who you will be working with and how you believe the children/adults will benefit from your music sessions:**

1. About your expectations from supervision

**11) Why would you like supervision?**

**12) What benefits do you hope for the beneficiaries after receiving supervision?**

**13) What from the following would you like to request for your supervision:**

**☐ A single visit**

**☐ A single in-person supervision session**

**☐ A single remote supervision opportunity**

**☐ Up to 3 in-person supervision sessions**

**☐ Up to 3 remote supervision opportunities**

**14) If you know what you would like to discuss in supervision, please tell us (e.g. this may be any challenges you are currently facing during your music sessions that you would like specific help on during your supervision):**

1. Practical aspects of the supervision

**15) Are you ready to receive supervision immediately? YES/NO**

**If no, when would you like access supervision? Please tell us the month or time of year:**

**16) If you are requesting in-person or remote supervision, what day of the week and/or time of day could you be convenient for you?**

**17) Are there any events which could prevent supervision from taking place at this time? (e.g. school holidays, local holidays, religious or cultural events, etc.)**

**18) If you are requesting in-person supervision, would you like your supervisor to observe one of your music sessions? If so, what day of the week and at what time would this be possible?**

**19) It may not be possible for supervision to be provided in-person, and instead to happen online. If supervision can only be provided remotely, which of the following would you prefer:**

**☐ Supervision to happen via email**

**☐ Supervision to happen via video-calls**

**If you select the option to have supervision via video-calls, please indicate what is your preferred platform to use (e.g. Zoom, WhatsApp, Google Meet, or Microsoft Teams):**

**20) What is your first language?**

**21) If the Music Therapist that will be providing supervision does not speak the same language as you, would you like us to provide an English-speaking translator or do you have a translator you would like to use?**

**☐ I know an English-speaking translator who I would like to use**

**☐ I would like *Music as Therapy International* to provide an English-speaking translator**

**22) *Music as Therapy International* is committed to promoting the welfare of all children and vulnerable adults and keeping them safe. Does your workplace have any policies or procedures, or a staff member who is responsible for the protection of all children and, or vulnerable adults? YES/NO**

 **If yes, please give details:**

1. Declaration

***To be completed by applicants:***

**I [the Applicant] commit to working with *Music as Therapy International* to identify the best way to access supervision and arranging the time for it to happen. I [the Applicant] commit to engaging in supervision when the opportunity is made available to me and to providing feedback on my experiences.**

**If I [the Applicant] wish to share video of my work or for a music therapist to observe my music sessions, I understand I must ask permission to do this from my place of work and/or the individuals in my sessions and/or the parents of the children with whom I work before doing so. I [the Applicant] will be happy to complete a Consent Form to confirm the permission I have for sharing my work in this way.**

**I [the Applicant] understand supervision is available free of charge, but there may be limitations to how frequently I may access it.**

**☐ Optional: I [the Applicant] wish to make a voluntary donation to *Music as Therapy International***

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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