



**interactive
music-making**
working with the under 5s

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 7th August 2020](#) to be considered for the September 2020 cohort.

If you would like to complete your application on a computer, please use the Word version of this form. 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 7th August](#).

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

It is important that you read our [COVID-19 Guidance for IMM Applicants](#) before completing this form. If you are a manager applying on behalf of a practitioner, only the **yellow boxes** are essential. If you are a practitioner, you must complete all of the sections. Please note that it is likely that we will ask you for a short telephone call to discuss your application if you are unable to fill in the whole form.

Please return your application form to the **Music as Therapy International** team by E-mail:
freitagibbs@musicastherapy.org

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 Freya on her mobile: [07792783183](tel:07792783183). Or, when Lockdown measures have been lifted, at the office: [0207 735 3231](tel:02077353231)

SECTION A: Applicant Details

Full Name:			
Email:			
Please tick if it is convenient for future correspondence to be carried out by e-mail <input type="checkbox"/>			
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:	

SECTION B: Relevant Work Experience

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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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)	

MANAGERS ONLY: If you are unable to commit a practitioner to the course, please detail how you intend to select a practitioner:

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If you are employed at an early years setting, please could you detail the impact that COVID-19 has had on your setting, staff and your children and families?

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SECTION F: DBS Clearance

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

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 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.

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 **March 2020**). 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) _____

Please complete Payment Details overleaf...

SECTION J: Payment Details

The full fees for this programme are £695, 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 £695

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 (deadline 15th June 2018)

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:

Please return your application form by email: freyagibbs@musicastherapy.org