

## Psychosocial WellBeing in Development using Arts Based Therapy.



### **Psycho-social WellBeing in Development, using Arts Based Therapy** **Application Form - 2019 - 2020**

[Please read all instructions at the end of the form before filling details.  
Hard copy of application must be sent to our address without fail. ]

Photograph

#### **SECTION A: APPLICANT'S BASIC INFORMATION**

\_\_\_\_\_ (Date of Application)

\_\_\_\_\_ (Place)

#### **1. Name of applicant (as found in identifying document):**

First Name	Middle Name	Surname
Short / Preferred name		

#### **2. Complete postal Address for Correspondence:**

Bldg. Name, Number	
Mohalla /Street name, number	
Nearby Reference / landmark	
City/Town/Village	
State	
Zip Code	
Country	

#### **3. Nationality:**

#### **4. Passport No.:**

Place of Issue:

Expiry Date:

[Or, other identifying Number and Document]:

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Name of Document:

Name as in Document:

Unique Identifying Number:

Date of Issue:

Place of Issue:

Issuing Authority:

### 5. Telephone Numbers (including STD / ISD code):

	ISD / STD CODE	NUMBER
Mobile		
Landline, Residence		
Landline, Office		
Emergency Contact Number		

### 6. Preferred email address:

### 7. Date of birth (DD / MM / YYYY):

### 8. Gender:

### 9. Reasonable accommodation\* needs, if any, for full and effective participation in the training:

\*Explained in the Instructions section of the application form.

1	
2	
3	

## SECTION B: APPLICANT'S BACKGROUND

### 10. English Language Fluency:

		Yes <input checked="" type="checkbox"/>
1.	Understanding and Reading in English	
2.	Can write in English	
3.	Fluency in Other languages	
4.	Am confidence that language will not be a barrier to successful completion of the course	

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### 11. Formal Education:\*\*

	Requisite qualifications (any one ☺)	Required Documentation	Yes V
1.	Higher education in medicine, clinical modalities	Certificate Photocopy	
2.	<b>Post-Graduation</b> in any social / service stream	Certificate Photocopy	
3.	M.B.B.S., <b>Graduation</b> in any psychology, social / service stream + 2 Years of <b>work experience</b>	Certificate Photocopy	
4.	<b>Certificate, Diploma</b> in any healing arts, counselling or healing orientated courses in Indian Mind traditions + 3 years of practice	Photocopy of certificate	
5.	<b>7 years or more of work experience in the Development / mental health / social service sector</b>	<i>Letter of work experience</i>	

*\*Format for Letter of work experience in the Instructions section below.*

**\*\* Undergraduate students pursuing or completing their courses, or freshers, are not eligible to apply.**

### 12. Other qualifications or courses attended that you feel may support your application to this course:

Name of Institution/s	Course	Duration	Specialization (if any)

**13. What is your short term and long term plan for using ABT in your work?** [Reflect before writing. Use additional sheets only if required].

**SECTION C: ORGANISATION & CLIENT INFORMATION\***

**14. Name of Organisation** (where your ABT project will be executed):

**15. Complete Address of the Organisation:**

Bldg. Name, Number	
Mohalla / Street name / House Number	
Nearby Reference / Landmark	
City/Town/Village	
State	
Pin Code	
Country	

**16. Organisation Key Contact details:**

	<b>Name of person</b>	<b>ISD / STD CODE -Landline</b>	<b>MOBILE</b>	<b>EMAIL ADDRESS, WEBSITE</b>
General				
Organisation Head				
Mentor(s) (Refer to Definition below)				

**17. Agreement by Mentors**

<b>Student(s) Name</b>	<b>Name of Nominated Mentor(s)</b>	<b>Sign of Mentor Indicating Agreement</b>
<b>1.</b>		
<b>2.</b>		

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### 18. Applicant's Status with the Organisation:

	Status	Required information & documentation	Indicate Yes v
1.	Employed	Designation:	
2.	Nominated for course		
3.	Volunteer	Attach volunteer letter from organisation**	
4.	Affiliation for ABT course	Attach letter from the organization	

### 19. Space availability in the organization

- Empty rooms / space, adequate for movement, music and art work will be made available: Yes / No
- There will be a continuing availability of the room throughout the entire course period: Yes / No
- The room can hold \_\_\_\_\_ (Mention maximum no.) participants.
- The room given will be clean and clutter free: Yes / No
- We don't have our own space, but will organize for student through partners, or other: Yes / No

### 20. Attendance & Time Considerations towards successful completion of the Course:

The organization will permit the candidate to attend and complete all the contact sessions and will take responsibility for enabling the Pilot and Action Research Projects. 100% attendance is a must for certification.

	Purpose	Period	Where	Yes v
1.	Learning Workshop I	July 2019	Pune	
2.	ABT Pilot Project- 1 pilot interview	Sep-Oct 2019	Organization	
3.	Learning Workshop II	Nov 2019	Pune	
4.	ABT Action Research Project- 2 guide visits		Organization	
5.	ABT Certification	June 2020	Pune	

### 21. Group, One-to-one or Mix – Select one ABT Sessions Modality:

	Modality	Explanation	Yes v
1.	Group work (Ideal for ABT student)	Working with a group of enrolled clients. Including more numbers (12-15) is advisable to cover for dropouts over a period of time. <b>16 hours</b> of direct client contact sessions during Pilot project, and <b>35 hours</b> of direct client contact sessions during action research is a course requirement.	
2.	One to one	Minimum of 7-8 clients, over the main project period. This requires minimum 6 sessions of minimum 30 minutes with each client during Pilot Phase and minimum 12 sessions with each client during Action Research Phase.	
3.	Mix	Working in combinations of group but also individuals who need a special input; working in "floating groups"	

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### 22. Population characteristics of the people you will be working with:

	Key Words	Brief explanation	Specify sub-group, if any	Yes V
1.	<b>Children with disabilities</b>	Children with physical, mental, or multiple disabilities in any setting		
2.	<b>Young people at risk for mental health issues and psychosocial disabilities</b>	Adolescents, young adults, street youth, young people at-risk, de-addiction, school settings, youth in petty crimes, remand, shelter, orphanage institutions, etc.		
3.	<b>Adults with mental health issues or Psychosocial disabilities</b>	Adults with psychosocial / chronic disease / disability issues, in institutions, community settings, working with care givers, support groups, counselling settings in urban areas, acid victims, rural outreach, women's support groups, cancer support etc.		
4.	<b>Adults within Development practice</b>	Marginalized or vulnerable excluded groups within Development practice, such as women facing multiple discrimination due to gender inequality, caste identity, occupation, sexual identity and orientation, people living in low income communities; etc.		
5.	<b>Prevention of mental illness, promotion of Wellbeing among marginalized groups</b>	[Describe the group]		
6.	<b>Other group you may want to address</b>			

### 23. Client Configuration for ABT Project Work:

	Members in ABT sessions	Specify Age range	Yes V
1.	Work with groups		
	12-15 enrolled participants		
2.	Working with individuals		
	7-8 individual enrolled participants		
3.	Floating group		
	12-15 enrolled participants in each session, group not changing for atleast 4 weeks		
	<b>*Max. 15 participants</b>		

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### Instructions for filling the form:

1. FILL IN BLOCK LETTERS, to help us get accurate information about you.
2. Complete all Sections of the application form before submitting, to help process and get back to you quickly.
3. Higher Education could be in *any* of the subjects, Medical / Psychology / Counselling/Development Practice / Humanities / any other, including interdisciplinary, auxiliary or minor subjects of study. There are options for those who have not pursued formal education, but have been serving communities. Feel free to give more details, if absolutely needed, in a separate A-4 Size sheet, and check box indicating **Yes ✓ (Y)** where required.
4. Make a photocopy of the application for your own and the organization's reference before dispatching , for your future reference.
5. Provide all personal details consistent with your proof of identity and resident address (e.g. aadhar card or other National Identification card, passport, voter's card, etc.)
6. Affix a passport size photograph, and sign across the face of the photograph.
7. "Reasonable Accommodation" means any reasonable adjustment or adaptation that the course organizers and participants will have to make, to enable the full inclusion and effective participation of a person with disability, in the training. Please do mention any support needs that you may have.
8. Experience letter from your employers:

**To Whomsoever It may Concern,**

We certify that the applicant to the ABT Course, \_\_\_\_\_ has been working with the organisation \_\_\_\_\_ and has understanding of working with group (specify population and special needs) for \_\_\_\_\_ years, since \_\_\_\_\_ (year).

-- Signed by Signatory / Organisation Head.

### 9. "Nominated Mentor"

Mentor is someone from the organisation who can provide a supporting role to student on:

- Organizational logistics (group/clients' and space availability, regularity, etc.)
- Someone who can visit occasionally to see the sessions and encourage the ABT student
- Someone who can facilitate the relationship between the ABT school and the organization
- Trouble shoot when student faces organizational problems relating to the project

If you are the head of the organization, or founded the organization, or do not have possibility of an ABT mentor in your country, do mention this.

### 10. Section 19, Letter from the Organization, to read as follows:

**To Whomsoever It may Concern,**

We, the office bearers of (organisation name) are aware that (applicant name) is enrolled in the BT-ABT Course. We know that Practical ABT Coursework will be done with a group in the organisation for the duration of the Project. The organisation takes responsibility to familiarize the applicant with the group and its special needs.

-- Signed by Signatory / organisation Head

### 12. Checklist of documents to be Submitted:

- Application form duly filled and signed in all sections
- Passport Size Photograph
- Documentary proof of identity, nationality, residence
- Letter from Employer
- Letter of undertaking by the Organization, in specified format
- Photocopies of educational certificates
- Copy of your CV, merit certificates, WebLinks to the Organization, or any other additional accomplishments or information that you may want to submit

13. Feel free to call us at 020-26441989, or email us at [abtcourse.baputrust@gmail.com](mailto:abtcourse.baputrust@gmail.com) if you have any clarifications or questions.

**SECTION D: AGREEMENT– APPLICANT**

**25. TO BE SIGNED BY APPLICANT**

	Indicate agreement (Yes ✓ / No ✗)
1. I ( <u>applicant's name</u> ) hereby state that the information filled in all the SECTIONS and sub-clauses therein of this Application Form is correct and true to the best of my knowledge.	
2. I am aware that the certification criterion include 100% attendance in the contact learning workshops I & II.	
3. I hereby take responsibility to coordinate and work with a client group during the Course. I understand that in case of change or discontinuation of the organisation / group details as given in Section C of this application, any re/consideration of the alternatives mid-way of the Course is not binding on Bapu Trust, and will be done entirely on the basis of the merit of the given circumstance at the discretion of the Bapu Trust.	
4. I am aware that on time completion of pilot and action research project is a pre-requisite for Certification. During Pilot Project (August-October) 15 hours and during Action Research (November onwards) 35 hours of direct client contact sessions are required. I am aware that below the specified minimum hours completion in pilot project, I will not be eligible to attend learning workshop II. And that, in such an eventuality, I have to apply as a fresh participant to the course the following year.	
5. I know that during the Pilot and Action Research Project period students need to work with minimum 12-15 clients as specified. I am aware that, in case, mid-way through the project, the number of clients goes below the specified number, it will directly affect my overall performance and grades in the course.	
6. I am aware that on-time submissions and minimum 50% score in each section are required criterion for obtaining the final certificate. I am aware that no further written intimation in this regard will be sent to the organization or to me from the Bapu Trust.	
7. I understand that in case of non-completion of Certification in a given academic year, for whatever reasons other than 'fail', upto 2 years leave way will be provided to complete the course, if seats are available, on payment of a subsidized fee. I understand there is no carry forward of subject papers into subsequent academic years and faculty discretion will be final.	
8. I am aware that I have to attend Certification ceremony compulsorily, and that the date will be notified atleast 4 months in advance by the Bapu Trust.	
9. I accept that, at any point in the future, the ABT Certification is liable to be revoked if there is a finding of non-ethical practice or misalignment with the 'ABT Practitioner's Values and Code of Ethics'. Bapu Trust will cancel the Certification after due inquiry and process.	
10. I understand that in case dropout after confirmation, there will be no refund or carry forward of the paid fees.	
11. I understand that I will handling different kinds of materials, bodily, physical, mental and spiritual, during the tenure of the course, both of my own and of my client group. I take full responsibility for attending to my own personal safety and that of my clients / group in this period.	

**Applicant's Name and Signature**

**Place and Date:**



**SECTION E: AGREEMENT - ORGANIZATION**

**26. TO BE SIGNED BY ORGANIZATION HEAD / AUTHORIZED SIGNATORY**

	Indicate agreement (Yes v / No x)
1. I Mr. /Ms. _____ Head of the _____ will permit 100% attendance of (name/s of the students): A) B) who are applying to participate in the ABT Course _____ (year).	
2. I am aware of the eligibility and conditions of the ABT Certificate Course as stated in the prospectus and this application form. Under the aegis of our institution, the above student/s will fully attend the learning workshops I & II during the specified period/s.	
3. I am aware that as part of the Course the student/s will do a practical ABT project in our organisation. I understand that lack of project work will affect the grades and the learning process of the student. I, on behalf of the Institution, agree to provide needed infrastructure support for ABT practical work in the organisation.	
4. I agree to the sharing of identifiable data with the Bapu Trust for the purpose of supervision and assessment of the student project/s.	
5. I understand that the project documentation will be treated as confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party. No identifiable personal data will be published without prior permission. The identifiable data will not be shared with any other organisation.	
6. The organisation and the applicant have / will take full informed consent from participants for documentation purposes and enrolment into the project.	
7. I agree to ABT project documentation in writing, and photography.	
8. I agree for audio-visual (video) documentation, knowing that it will be confidential, for purposes of personal study only and not for public dissemination in any way.	
9. Towards the purpose of research and growing body of knowledge on ABT, I agree to the publication of non-identifiable data and outcomes of ABT project/s conducted during the Certificate Course, giving a due acknowledgement to our institution.	_____ (Sign)
10. I am aware of and agree to the visit of Bapu Trust faculty members / ABT Guide to observe and supervise the student/s during the practical ABT work in our organisation.	
11. I will ensure that we / the appointed mentor shall be present for the ABT Supervisor's visits. We shall provide feedback on the progress, skills and attitude of the student/s.	
12. It is understood that the Course material, specific method/s applied or exercised, terminologies of ABT are the exclusive intellectual property right (IPR) of WCCL Foundation in the form of Copy Rights, Trade Mark etc. The said IP has been created/generated by WCCL Foundation by years of painstaking team effort and empirical application; therefore, <b>participant shall actively ensure its effective protection and preservation.</b> No direct or indirect use/circulation shall be made, including in any media publicity, or in public forums, or providing training of the same to others, and any requirement of the same for fair use for education/similar purpose shall be intimated in writing WCCL Foundation and only after receiving the written permission from WCCL Foundation said fair use may be exercised.	
13. I, on behalf of our institution, accept professional indemnity of the Bapu Trust and training team. It is the students' responsibility to be aware of the 'ABT Practitioner's Values and Code of Ethics' taught during the Course. It is understood and therefore agreed that, the Bapu Trust has ensured safe and conducive environ, therefore, it shall be the responsibility of the participant to carry out the entrusted course related	

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activities with due care and exercising caution. Bapu Trust shall not be liable for any damage/injury caused to the participant during the currency of the course. The participant hereby indemnifies and keeps the Bapu Trust indemnified from all/any liability ensuing from such damage/injury. All participants are advised appropriate travel, medical and other general insurance cover, which shall be effective in their respective countries, should there be an eventuality to that effect.	
14. I am aware and accept that if the student/s does not fulfil the certification criterion (absenteeism from workshops / non-completion of hours, submissions or project) there will be no consideration for certification and their admission will be considered null and void by default. No further written intimation in this regard will be sent to the organization or student from the Bapu Trust.	
15. I understand that the ABT Certification is liable to be revoked if incidence of non-ethical practice or misalignment with the 'ABT Practitioner's Values and Code of Ethics' is reported or found at any point in future. The Bapu Trust will cancel the right to practice after due process and inquiry.	
16. In case student/s drops out after confirmation, there will be no refund or carry forward of the paid fees.	

We have read the information provided in all the Sections A to E (all clauses and sub-clauses) of this Application Form.

We have ensured that the information provided herein is honest and true to the best of our knowledge. We sign underneath to denote our agreement and acceptance to the Clauses in "Section E: Agreement (Clauses) - Organisation".

**NAME & SIGN OF DIRECTOR/ AUTHORIZED SIGNATORY OF THE ORGANIZATION**

**ORGANISATION'S SEAL**

**DATE:**

**PLACE:**

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### 28. Fees Details:

\* Fee Payments by cheques, DD, NEFT, IMPS, RTGS or Wire Transfers. Cash payments or cash deposits will not be accepted. For details of Bank Account, both Domestic and FCRA, find at our URL link below:

<https://bt-abt.in>

<b>Applicant's name:</b>							
<b>Host Organisation's name:</b>							
Sr. no.	Payment	Amount	In the name of	Dated	Transaction Number	Bank	Receipt to be issued in name of
1.	Course fee	45000	"Bapu Trust for Research on Mind & Discourse"				
2.	Application processing fee	500					
Total		45500/-					

To,  
The Board of Trustees,  
Bapu Trust, Pune 411042.

*To whomsoever it may concern:*

I, \_\_\_\_\_ have no objection for INR 45,000/- by Cheque/DDWire Transfer Tr. No. \_\_\_\_\_, dated \_\_\_\_\_, towards the 'Arts-Based Therapy, forming a donation to the Bapu Trust specifically for purposes of developing the Arts Based Therapy training program and any allied healing activities.

--- Signature, Date, Name, TAX ID / PAN NO. / appropriate IT No.

#### FOR OFFICIAL USE ONLY

Sr. No. of Application	Date Received (DD/MM/YYYY)	Whether approved	Digitization	Scanning	AUTH. Sign.	Roll. No.