

ABT Course Application Form 2019-20

ANANTARA by Holistic Expression and Abilities for Living (HEAL) Foundation

Note:

1. FILL IN BLOCK LETTERS
2. Complete all Sections. Incomplete forms will not be processed.
3. Give details, check box indicating **Yes** ✓ (Y) or **No** ✗ (N) as and where required
4. Make a photocopy of the application for your own and the organization's reference before dispatching

SECTION A: APPLICANT'S INFORMATION

_____ (Date of Application)



(Affix a self-attested passport size photograph)

1. Name:

First Name	Middle Name	Surname

2. Postal Address for Correspondence:

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

3. Telephone Numbers (including STD code):

	STD CODE	NUMBER
Mobile	----	
Landline, Residence		
Landline, Office		

4. Email Address (valid):

5. Date of birth (DD / MM / YYYY):

6. Gender:

7. Marital Status:

8. No. of Children:

9. Nationality:

10. Fitness (Specify and disclose any physical/mental special needs, if any):

SECTION B: APPLICANT'S ELIGIBILITY

(Indicate Yes ✓ (Y) only as and where applicable)

11. Language Skills:

	Indicate Yes ✓
Understanding and Reading in English	
Writing in English	
Writing in Hindi	
Writing in Marathi/ Other (indicate)	

12. Education:

	Required Documentation	Indicate Yes ✓
Doctorate / PhD.		
Post-Graduation (specify specialisation) Subject: Psychology / Social work / Humanities / Other	Attach a copy of mark-sheet or certificate	
Graduation in any stream + 2 Years of work experience	Attach a copy of mark-sheet or certificate + Attach Letter of work experience*	
7 years or more work experience		

*Format for Letter of work experience on Organisation Letter Head

That the applicant your name has been working with your organisation name and has understanding of working with group (specify population and special needs) for _____ years, since _____ (year).
-- Signed by Signatory / Organisation Head.

13. Informal Education (if any):

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

14. Where will I practice ABT in the long run?

SECTION C: ORGANISATION & CLIENT INFORMATION

15. Name of Organisation the organisation where the applicant will do ABT Project Work

16. Address of Organisation:

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

17. Organisation Contact details:

	STD CODE	Landline PHONE	MOBILE	EMAIL ADDRESS, WEBSITE
General				
Organisation Head	<i>Name:</i>			
Mentor <i>(Refer to clause 18 for explanation)</i>				

18. Nominated Mentor *(Mentor is nominated by the Org Head and typically works at your place of work / volunteership)*

Mentor is someone senior from the organisation who can support the student on:

- Organizational logistics (group/clients' and space availability, regularity, etc.)
- Someone who can visit the sessions once a month to see the sessions

Student Name	Name of Nominated Mentor	Sign of Mentor <i>Indicating Agreement</i>
1.		
2.		

19. Applicant's Status with the Organisation:

	Required Documentation	Indicate Yes v
Employed		
Volunteer	<i>Attach volunteer letter from organisation **</i>	

****Format for Volunteer Letter on Organisation Letter Head**

We, the office bearers of (organisation name) are aware that (applicant name) is participating in 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 pathology / issues.

-- Signed by Signatory / organisation Head

20. Space availability

- Available empty room / space, adequate for movement, music and art work: Yes / No
- The room can hold _____ (approx no. of) participants.

21. Attendance & Time Considerations:

Purpose	Period	Where	Indicate Yes ✓
Studio Seminar I	May-June 7 days	Mumbai	
ABT Pilot Project	June, July, August	Organisation	
Studio Seminar II	Mid August 7 days	Mumbai	
ABT Action Research Project	August - January	Organisation	
ABT Certification	March End	Mumbai	

22. Group or One-to-one – ABT Sessions Modality (choose one):

Modality	Explanation	Indicate Yes ✓
Groupwork	Working with a group of clients at a time. Minimum 5 individuals make up the group. Including more numbers (7-8) is advisable to consider dropouts over a period of time. 16 hours of direct client contact sessions during Pilot project, and 36 hours of direct client contact sessions during action research necessary. No more than 1.5 hrs per session & 3 sessions &/OR 3 hours /Wk	
One to one	Working with minimum 5 clients individually, one at a time. 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. No more than 45 min (<14 yrs) / 1 hr per session & max 3 T/Wk	

23. Special Needs that the Applicant will work with (choose one):

Key Words	Brief explanation	Specify sub-group	Indicate Yes ✓
Children, Disabilities	Cognitive and physical challenges of various kinds, including Autism, CP, sensory / hearing / visual impairments.		
Children, At-Risk	Children in institutions, street children, children at-risk of delinquency because of social and economic deprived conditions		
Adults, Psychosocial Rehabilitation	Mental illness, de-addiction and rehab, Palliative care in HIV or Cancer		
Other	(Explain)		

24. Client Configuration for ABT Project Work:

Members in ABT sessions	Specify Age range	Indicate Yes ✓
Min. 5 participants / individuals		
6 – 8 participants / individuals		
9 – 12 participants		

25. Client Continuity (choose one):

Nature	Explanation	Indicate Yes ✓
Fixed	Minimum 5 clients members remain constant over the project period (June to January)	
Floating	Group Profile / 'type' remains same (e.g. De-addiction), but individual members change regularly due to treatment modules.	

SECTION D: AGREEMENT (CLAUSES) - APPLICANT

26. 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.	
2. I am aware that the certification criterion include 100% attendance in Studio Seminars I & II and that missing a day of the workshop will be considered as dropout automatically.	
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, the re/consideration of the alternatives mid-way of the Course is not binding on HEAL Foundation, and will be done entirely on the basis of the merit of the given circumstance at the discretion of the HEAL Foundation.	
4. I am aware that on time completion of pilot and action research project is a pre-requisite for Certification. During Pilot Project (May-Aug) 16 hours and during Action Research (Aug-January) 36 hours of direct client contact sessions are required. In case of difficulties during project period, minimum 12 hours of direct client contact during Pilot phase will be considered, with valid reasons/documentation to be submitted in writing. I am aware that below the specified minimum hours completion in pilot project, I will not be eligible to attend Studio-Seminar II. Such students have to apply as fresh students the next year.	
5. I know that during the Pilot and Action Research Project period students need to work with minimum 5 clients (group or one to one) as specified. In case, mid-way through the project, the number of clients goes below 5, it will directly affect my grades and assessment.	
6. I understand that ABT Course completion requires me to submit a Research Report as the Evidence base of ABT. I submit that I have a basic aptitude in Theory and Research Skills as is necessary and expected as basic requirement toward this.	
7. I know that on-time submissions and minimum 50% score in each section are required criterion for certification. I am aware that if I do not fulfil the certification criterion, there will be no consideration for certification. No further written intimation in this regard will be sent to the organization or student from HEAL Foundation.	
8. I understand that in case of non-completion of Certification in a given academic year there is no carry forward into subsequent academic years and I may apply again in later year/s as a new applicant only.	
9. I am aware that to attend Certification is compulsory . That the Certificates will not be posted or sent by Courier.	
10. I accept that the ABT Certification is liable to be revoked if incidence of non-ethical practice or misalignment with HEAL Foundation's 'ABT Practitioner's Values and Code of Ethics' is reported or found at any point in future. HEAL Foundation will officially cancel the Certification after due processes.	
11. I understand that in case dropout after confirmation, there will be no refund or carry forward of the paid fees.	
12. I understand and provide guarantee that in case of withdrawal, discontinuance, expulsion from the Course at any stage or reason, I will reimburse HEAL Foundation the Course Fees in full.	

Applicant's Signature and Date:

SECTION E: AGREEMENT (CLAUSES) - ORGANISATION

27. TO BE SIGNED BY ORGANISATION HEAD / LEADER

	Indicate agreement (Yes ✓ / No ✗)
1. I Mr./Ms. _____ Head of the organization by the name of _____ will ensure 100% attendance of (name/s of the students): A) B) who are applying to participate in the Anantara ABT Course _____ (year).	
2. I am aware of the eligibility and conditions of the Anantara 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 Studio Seminars 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 the organisation during the Course. 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 infrastructure support for ABT practical work in the organisation.	
4. I agree to the sharing of identifiable data with HEAL Foundation 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 <u>have / will take</u> informed consent from participants for documentation purposes.	
7. I agree to ABT project documentation in writing and photographs.	
8. I agree for audio-visual (video) documentation, knowing that it will be confidential and not for public dissemination.	
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, given a due acknowledgement to our institution and the student.	_____ (Sign)
10. I am aware of and agree to the visit of HEAL Foundation faculty / ABT Supervisor 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 WCCL Foundation 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, participant shall actively ensure its effective protection and preservation . 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.	

<p>13. I, on behalf of our institution, accept professional indemnity of HEAL Foundation and training team, implying that in case of accidental harm to the student or client group during the ABT course, there will be no liability on HEAL Foundation or its trainers. It is the students' responsibility to be aware of HEAL Foundation's 'ABT Practitioner's Values and Code of Ethics' taught during the Course. It is understood and therefore agreed that, HEAL Foundation has ensured safe and conducive environ, therefore, it shall be the responsibility of the participant to carry out the entrusted/supposed course related activities with due care and exercising caution. Therefore, HEAL Foundation shall not be liable for any damage/injury caused to the participant during the currency of the course. The participant hereby indemnifies and keeps HEAL Foundation indemnified from all/any liability ensuable from such damage/injury. All participants are advised appropriate insurance cover, which shall be effective in India, should there be an eventuality to that effect.</p>	
<p>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 HEAL Foundation.</p>	
<p>15. I understand that the Anantaraa ABT Certification is liable to be revoked if incidence of non-ethical practice or misalignment with HEAL Foundation's 'ABT Practitioner's Values and Code of Ethics' is reported or found at any point in future. HEAL Foundation will officially cancel the Certification after due processes.</p>	
<p>16. In case student/s dropout after confirmation, there will be no refund or carry forward of the paid fees.</p>	

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 LEADER/DIRECTOR/HEAD OF THE ORGANIZATION

ORGANISATION'S SEAL

DATE:

28. Fees / Expense Details:

Sr. no.	Amount	In the name of	Dated	Cheque / DD no.	Bank	Receipt to be issued in name of
1.	Rs 51000	Holistic Expression and Abilities for Living Foundation	(current)			
<p>Outstation Candidates are required to fund ONE of the 2 Supervision Visit Expenses. Travel by pre-discussed 2nd A/C / Equivalent/ AC Bus etc and organise stay where necessary. Payment at time of Admission</p>						
<p>HEAL Foundation, A 302 Sagar Shrot CHS, 161/B5 Juhu Versova Link Road, Andheri West, Mumbai 400053</p> <p>OnLine Transfer Details – HEAL Foundation, HDFC Bank, Versova Link Rd, Mumbai 400053</p> <p>Curr A/C No. 50200024865748 ISFC Code – HDFC0000019</p>						
<p>Payment Made By :</p>						

Note: Only cheques "payable at par in Mumbai" are accepted. Please check with your bank about the same if you are not sure. Add additional Rs 200/- clearing fees for outstation cheques, those that are not "at par".

CHECKLIST FOR COMPLETION OF THE APPLICATION:

	Attached, Mark ✓	Not Applicable (N/A)
1. Self-attested passport size photo affixed		
2. Copy of evidence of Post-graduation / Graduation		
3. Letter of work experience		
4. Letter of undertaking from the organisation		
5. Mentor's Signature in Clause 18		
6. Applicant's signature in Section D		
7. Organisation Head / Signatory's Signature in Section E, sub-clause 9		
8. Organisation Head / Signatory's Signatures and Organisation Seal at end of Section E		
9. Cheque/s / DD for Fees		
10. Brochure / write-up or web-link of your Organisation		
(Any Other)		
11. Fee Cheque / Bank Transfer		
12. For Outstation Candidates – Cheque for Travel and Stay of Supervisor		

FOR OFFICIAL USE ONLY

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