

ANANTARAA Arts Based Therapy Course Application Form 2024-25

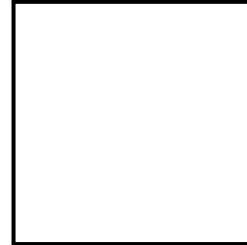
by **Holistic Expression and Abilities for Living (HEAL) Foundation**

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:

Flat / Building / Apt Name & No.	
Street / Area	
Landmark	
City/Town/Village	
State	
Pin Code	

3. Telephone Numbers (including STD code):

	NUMBER
Mobile	

4. Email Address (BLOCK Letters):

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

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6. Gender: M / F / Other _____

7. Nationality: _____

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

SECTION B: APPLICANT'S ELIGIBILITY

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

9. Language Skills:

Level of Comfort with Language Indicate Yes ✓ as applicable	English	Hindi	Marathi / Other_____
Understanding			
Reading and Writing			
Speaking			

10. Education / Work Experience:

	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**

To, HEAL Foundation,

For Anantaraa ABT Course Admissions, That the applicant your name has been working with your organisation name since yr. and has understanding of working with group (specify population group)

I am aware that s/he has overall experience of _____ no. of years of working with this client profile.

-- Signed by Signatory / Organisation Head.

11. Non-Academic / Professional or Vocational Courses (if any):

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

SECTION C: ORGANISATION & CLIENT INFORMATION

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

14. Address of Organisation:

Flat / Building /Apt Name & No.	
Street / Area	
Landmark	
City/Town/Village	
State	
Pin Code	

15. 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>				

16. 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>

17. Applicant's Status with the Organisation:

	Required Documentation	Indicate Yes <input type="checkbox"/>
Employed	<i>Letter of Experience Above*</i>	
Volunteer	<i>Attach volunteer letter from organisation **Below</i>	

We, the office bearers of *(organisation name)* are aware that *(applicant name)* is participating in Anantaraa ABT Course. We know that Practical Arts Based Therapy Coursework will be done with a selected 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.

We can confirm that we will provide a designated space / room that is adequate for movement, music and art for

_____ number of clients from the selected group.

-- Signed by Signatory / Organisation Head

Stamp of the Organisation

***Format
for
Volunteer
Letter on
Organisati
on Letter
Head*

18 . Attendance & Time Considerations: I understand that 100 % Attendance is Compulsory

Purpose	Period	Where	Indicate Yes ✓
Online Orientation	4 th Aug 2024	Online 6 hours	
Studio Seminar I	10 th - 16 th Aug 2024	Mumbai	
ABT Pilot Project	Aug – Oct	@ your Organisation	
On-Line Sessions	ONE Sunday per Month - 3	4 Hrs On Line	
Studio Seminar II	4 th – 10 th Nov 2024	Mumbai	
ABT Action Research Project	20 th Nov 24 - March 2025	@ your Organisation	
On-Line Sessions	ONE Sunday per Month	4 Hrs On Line	
AABT Certification -1/2 day	April 2025	Mumbai	

19. 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. 15 hours of direct client contact sessions during Pilot project, and 35 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 (PP) and minimum 12 sessions with each client during Action Research Phase (ARP). No more than 45 min (<14 yrs) / 1 hr per session & 2 Times/Wk	
Selecting Clients	Clients who have mental / physical / emotional / biological issues / impairments, NO exposure to ABT 3 months prior, available & consent signed	

20. Clients the Anantaraa ABT Applicant will work with (choose one):

Key Words	Brief explanation	Specify sub-group	Yes ✓ (Any 1)
Children, Disabilities	Cognitive and physical challenges of various kinds, including Autism, CP, sensory / hearing / visual impairments, developmental difficulties		
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, Geriatric challenges and impairments		
Other	<i>(Provide Details)</i>		

21. Client Configuration for ABT Project Work: FOR THE COMPLETE 15 hours PILOT + 35 hours ARP

CLIENTS in ABT sessions	Specify Age range	Indicate Yes ✓
Minimum 5 participants / individuals		
6 – 8 participants / individuals (recommended)		
9 – 12 participants (if group is floating / not regular)		

22. 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) -Anantara ABT APPLICANT

23. TO BE PERUSED AND SIGNED BY APPLICANT. SIGNATURE IS UNDERSTOOD AS 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 Online Sessions & Studio Seminars I & II . Due to the intensive nature of instruction. missing even one day of the Studio-Seminar / One + Online Sessions 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 through the Course, is not binding on HEAL Foundation. It 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 (16 hours) and during Action Research (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 an Action 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 Certificate 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 that the Anantaraa ABT Course is available to me at a subsidised cost due to the funding received by H.E.A.L Foundation & it's benefits passed on to me. As such, I remain committed to completion of the Course and provide guarantee that in case of withdrawal, discontinuance, expulsion from the Course at any stage or reason, I will pay HEAL Foundation the Course Fees in full.	

Applicant's Signature and Date:

SECTION E: AGREEMENT (CLAUSES) - ORGANISATION

24. TO BE SIGNED BY ORGANISATION HEAD / LEADER

	(Yes ✓ / No x)
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 Anantaraa ABT Course _____(year).	
2. I am aware of the eligibility and conditions of the Anantaraa 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.	
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.	
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.	
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.	
16. In case student/s dropout 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 LEADER/DIRECTOR/HEAD OF THE ORGANIZATION

ORGANISATION'S SEAL

DATE:

25. DONATION / Expense Details:

Sr. no.	Amount	In the name of	Dated	Cheque / DD no.	Bank	Receipt to be issued in name of
1.	Rs 59,000/-	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-agreed 2nd A/C / Equivalent/ AC Bus etc and organise stay where necessary. Payment at time of Admission</p>						
<p>DONATION of Rs. 59,000/ eligible for 50% IT Rebate under section 80G of Income Tax Act</p>						
<p>Payment on www.anantaraa.org – Send payment details on WApp to number mentioned below – Name of Applicant & Payee, Date, Amount</p>						
<p>For Cheque / Net Banking - HEAL Foundation, HDFC Bank, Versova Link Rd, Mumbai 400053 Curr A/C No. 50200024865748 ISFC Code – HDFC0000019</p>						
<p>HEAL Foundation, A 302 Sagar Shrot CHS, 161/B5 Juhu Versova Link Road, Andheri West, Mumbai 400053</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 v	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. Section C filled & submitted		
7. Applicant’s signature in Section D		
8. Organisation Head / Signatory’s Signature in Section E, sub-clause 9		
9. Organisation Head / Signatory’s Signatures and Organisation Seal at end of Section E		
10. Cheque/s / DD for Fees		
11. Brochure / write-up or web-link of your Organisation (Any Other)		
12. Fee Cheque / Bank Transfer		
13. 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.