



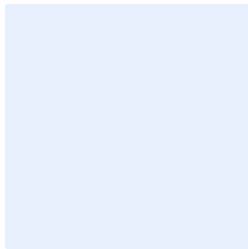
Practical Arts Based Therapy Application Form

Note:

1. FILL IN BLOCK LETTERS
2. Complete all Sections. Incomplete forms will not be processed.
3. Please print the form and fill all the details. A scanned copy of the filled application form along with the required documents should be mailed at info@plsf.org

_____ Date of Application

SECTION A: APPLICANT'S INFORMATION



Please attach a self attested passport size photo in the above box

1) Name

2) Date of Birth

3) Age

4) Gender

Male

Female

5) Marital Status

Married

Unmarried

6) Number of Children

7) Nationality

8) Postal Address

9) Mobile Number

10) Email Address

11) Fitness

specify and disclose any physical/mental special needs, if any



SECTION B: APPLICANT'S ELIGIBILITY

12) Language Skills (Indicate Yes ✓):

- Understanding and Reading in English Writing in Hindi
 Writing in English Writing in Marathi

13) Educational Qualification (Indicate Yes ✓):

- Doctorate/PhD
 Post-Graduation (Specify Specialization)
 Psychology
 Social Works
 Humanities
 Others _____
 Graduation (any stream) + 2 years of work experience
 3 years or more of work experience

Please attach a scanned copy of mark sheet or certificate

Please attach a scanned copy of the experience letter

Format of Experience Letter

That the applicant _____ 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.

14) Where will I practice PABT in the long run?



SECTION C: ORGANISATION & CLIENT INFORMATION

15) Name of Organisation (The organization where the applicant will do PABT project work):

16) Address of the Organisation

17) Contact Details of the Organisation

Phone Number:

Email Id:

Website:

18) Details of the Organisation Head

Name:

Contact number:

Email Id:

19) Details of the Mentor

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

Name:

Contact Number:

Email Id:

20) Applicants Status in the Organisation (Indicate Yes v)

Employee

Volunteer

Please attach a scanned copy of the volunteer form

Format of the volunteer form

We, the office bearers of (*organisation name*) are aware that (*applicant name*) is participating in Practical 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

21) Space availability



Available empty room / space, adequate for movement, music and art work

Yes No

The room can hold _____ (approx. no. of) participants.

22) Attendance & Time Considerations:

Purpose	Period	Where	Indicate Yes √
Learning Workshop I	May 7 days	Pune	<input type="checkbox"/>
ABT Pilot Project	May, June, July	Organisation	<input type="checkbox"/>
Learning Workshop II	August 6 days	Pune	<input type="checkbox"/>
ABT Action Research Project	August - December	Organisation	<input type="checkbox"/>
ABT Certification	January	Pune	<input type="checkbox"/>

23) Group or Individual – Practical ABT Sessions Modality:

Group

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.

Individual

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

24) 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.		<input type="checkbox"/>
Children, At-Risk	Children in institutions, street children, children at-risk of delinquency because of social and economic deprived conditions		<input type="checkbox"/>



Adults, Psychosocial Rehabilitation	Mental illness, de-addiction and rehab, Palliative care in HIV or Cancer		<input type="checkbox"/>
Other	<i>(Explain)</i>		<input type="checkbox"/>

25) Client Configuration for Practical ABT Project Work (Please tick the applicable box):

- Minimum 5 Participants 9-12 Participants
 6-8 Participants Maximum 15 Participants

26) Client Continuity:

Fixed

Minimum 5 clients members remain constant over the project period (January – September)

Floating

Special needs 'type' remains same (e.g. De-addiction), but individual members change regularly due to treatment modules.



SECTION D: AGREEMENT (CLAUSES) FORMAT

The applicant is requested to, tick the necessary columns and sign the agreement form.

APPLICANT'S AGREEMENT

TO BE SIGNED BY APPLICANT

	Indicate agreement (Yes ✓ / No ✗)
1. I _____ 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 learning workshops 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 Practical Life Skills Farm, and will be done entirely on the basis of the merit of the given circumstance at the discretion of Practical Life Skills Farm.	
4. I am aware that on time completion of pilot and action research project is a pre-requisite for Certification. During Pilot Project (June – August) 16 hours and during Action Research (September - 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 hour's completion in pilot project, I will not be eligible to attend learning workshop 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 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 Practical Life Skills Farm.	
7. 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.	
8. I am aware that to attend Certification is compulsory. That the Certificates will not be posted or sent by Courier.	
9. I accept that the PABT Certification is liable to be revoked if incidence of non-ethical practice or misalignment with Practical Life Skills Farm 'PABT Practitioner's Values and Code of Ethics' is reported or found at any point in future. Practical Life Skills Farm will officially cancel the Certification after due processes.	
10. I understand that in case dropout after confirmation, there will be no refund or carry forward of the paid fees.	

Applicant's Signature and Date:



ORGANISATION'S AGREEMENT

TO BE SIGNED BY ORGANISATION HEAD / LEADER

	Indicate agreement (Yes ✓ / No ✗)
1. I Mr./Ms. _____ Leader 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 Practical ABT Course _____(year).	
2. I am aware of the eligibility and conditions of the Practical 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 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 practical work in the organisation.	
4. I agree to the sharing of identifiable data with Practical Life Skills Farm 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. <i>The organisation and the applicant <u>have / will take</u> informed consent from participants for documentation purposes.</i>	
7. <i>I agree to PABT project documentation in writing and photographs.</i>	
8. <i>I agree for audio-visual (video) documentation, knowing that it will be confidential and not for public dissemination.</i>	
9. <i>Towards the purpose of research and growing body of knowledge on PABT, 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.</i>	_____ (Sign)
10. <i>I am aware of and agree to the visit of Practical Life Skills Farm faculty members / PABT Guide to observe and supervise the student/s during the practical work in our organisation.</i>	
11. I will ensure that we / the appointed mentor shall be present for the PABT 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, intellectual property right (IPR) of WCCL Foundation in the form of Copy Rights. Specific method/s applied or exercised, terminologies of Practical Life Skills Farm are the exclusive, and Trade Mark etc. 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 to Practical Life Skills	



Farm and only after receiving the written permission from Practical Life Skills Farm said fair use may be exercised.	
13. I, on behalf of our institution, accept professional indemnity of Practical Life Skills Farm and training team, implying that in case of accidental harm to the student or client group during the PABT course, there will be no liability on Practical Life Skills Farm or its trainers. It is the students' responsibility to be aware of Practical Life Skills Farm 'PABT Practitioner's Values and Code of Ethics' taught during the Course. It is understood and therefore agreed that, Practical Life Skills Farm 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, Practical Life Skills Farm shall not be liable for any damage/injury caused to the participant during the currency of the course. The participant hereby indemnifies and keeps Practical Life Skills Farm 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 Practical Life Skills Farm.	
15. I understand that the PABT Certification is liable to be revoked if incidence of non-ethical practice or misalignment with Practical Life skills Farm ' ABT Practitioner's Values and Code of Ethics ' is reported or found at any point in future. Practical Life Skills Farm 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:



Fees Details:

Applicant's name:					
Host Organisation's name:					
Payment Option: Bank Transfer: Union Bank a/c Name: Practical lifeskills farm A/C no: 489401010935528 Type: Current Account Branch: FC Road Pune IFSC Code: ubin0548944					
Amount	In the name of	Date of bank Transfer	Name of the Bank From which the amount has been transferred	Name of the Account Holder	Receipt to be issued in name of
45000/-	Practical Life Skills Farm				

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. 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. 3 Part Cheque/s / DD for Fees		
10. Letter of donation attached with Fees, Part I.a.		
11. Brochure / write-up or web-link of your Organisation (Any Other)		

FOR OFFICIAL USE ONLY

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