



BAPU TRUST FOR RESEARCH
ON MIND & DISCOURSE

Psycho-Social Wellbeing In Development, Using Integrated Arts Based Therapy [Student Application Form – 2024-2025]

Insert/Paste
Your Recent
Photograph
Here

IMPORTANT

Please read all instructions before filling details in the form.

Complete all sections of the form before submission.

Section A: Applicant Information

Date Of Application:	Place:
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1. Name Of Applicant: (As Found In Identifying Document)

First Name	Middle Name	Surname
Short / Preferred Name:		

2. Complete Postal Addressor Correspondence:

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

3. Nationality:

4. Passport No.**[OR, other Unique Identifying Number and Document such as National Card]:**

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 As Appropriate):

First Name	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 (As Self-Defined):****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	
4	

SECTION B: APPLICANT'S BACKGROUND**10. English Language Fluency:**

		Yes/No
1	Fluency In English (Reading And Comprehension)	
2	Can Write In English	
3	Am Confident That Language Will Not Be A Barrier To Successful Completion Of The Course	

11. Formal Education: **

	Requisite Qualifications- Any One	Yes/No	Required Documentation	Check v
1	Higher Education In Any Clinical Modality		Certificate Photocopy	
2	Post-Graduation In Any Social /Service Stream		Certificate Photocopy	
3	M.B.B.S., Graduation In Any Psychology, Social/ Service Stream + 2 Years Of Work Experience		Certificate Photocopy	
4	Certificate, Diploma In Any Healing Arts, Counselling Or Healing Orientated Courses In Indian Mind Traditions + 2 Years Of Practice		Photocopy Of Certificate	
5	Consistent Work Experience In The Development / Mental Health / Social Service Sector As Volunteer, Etc.		<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 Fresher's 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)
1				
2				
3				
4				

13. Please describe in brief any regular / routine self-care, artistic or creative practice that you undertake for your own wellbeing. (maximum 3 activities)

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

Short Term:

Long Term:

SECTION C: ORGANISATION & CLIENT INFORMATION*

15. Name Of Organisation (Where Your ABT Project Will Be Executed):

16. Complete Address Of The Organisation:

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

17. Organisation Key Contact Details:

	Name Of Person	ISD/ STD Code- Landline No	Mobile No	Email Address, Organization Website If Any:
Organisation Head				
Mentor(s) (Refer to Definition below)				

18. Agreement By Mentor/s:

Student(s) Name	Name of Nominated Mentor(s)	Sign of Mentor Indicating Agreement

19. Space Availability In The Organization: Mention Yes/No

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

20. Applicant's Status With The Organisation:

Status	Yes/No, Mention Designation As Appropriate	Required Documentation
Employed		Employment Letter On Organization Letterhead
Nominated For Course		Nomination Letter On Organization Letterhead
Volunteer-		Attach Volunteer Letter From Organisation
Affiliation For ABT Course		Attach Letter From The Organization

21. Attendance & Time Considerations Towards Successful Completion Of The Course:

100% attendance is a must for ABT course certification. 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.

	Purpose	Period	Where	Yes/No
1	Learning Workshop I	July 1 To 7, 2024	Pune	
2	ABT Pilot Project- 1 Pilot Interview	October 2024	Organization	
3	Learning Workshop II	Nov. 11 To Nov. 17, 2024	Pune	
4	ABT Action Research Project- 2 Guide Visits	Dec 2024/Jan2025, Mar/Apr 2025	Organization	
5	ABT Certification	Jun/July 2025	Pune	

22. Group, One-To-One Or Mix – Select One ABT Sessions Modality:

	Modality	Explanation	Yes/No
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. 15 hours of direct client contact sessions during Pilot project, and 35 hours 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"	

23. Population Characteristics Of The People You Will Be Working With:

No	Key Words	Brief Explanation	Specify Sub Group, If Any	Yes/No
1.	Children With Disabilities Or Children At Risk	Children With Physical, Mental, Or Multiple Disabilities In Any Setting		
2.	Young People At Risk	Adolescents, Young Adults, Street Youth, Young People At-Risk, De-Addiction, School Settings, Youth In Petty Crimes, Remand, Shelter, Orphanage Institutions, Etc.		
3.	Adults With Mental Health Issues Or	Adults With Psychosocial / Chronic Disease / Disability Issues, In Institutions, Community Settings,		

	Psychosocial Disabilities	Working With Care Givers, Support Groups, Counselling Settings In Urban Areas, Acid Victims, Rural Outreach, Women's Support Groups, Cancer Support Etc.		
4.	Adults Within Development Practice	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.	Prevention Of Mental Illness, Promotion Of Wellbeing Among Marginalized Groups	[Describe The Group]		
6.	Other Group You May Want To Address			

24. Client Configuration For ABT Project Work:

	Members In ABT Sessions	Specify Age Range	Yes/No
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		

25. Please Describe Your "Assessment" Of Why This Group Needs ABT? (In Brief And Giving Your Reflective Opinion)

IMPORTANT: Instructions for filling the form:

1. FILL YOUR PERSONAL DETAILS IN BLOCK LETTERS, to help us get accurate information about you. 2. **English proficiency is a must.**
2. 3. Complete all Sections of the application form before submitting.
3. 4. 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 consistently in communities.
4. Feel free to give more details, if absolutely needed, in a separate A-4 Size sheet, and check box indicating **Yes ✓ (Y)** where required.
5. 5. Make a photocopy of the application for your own and the organization's reference before dispatching, for your future reference.
6. 6. 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.)
7. 7. Affix a passport size photograph, and sign across the face of the photograph.
8. 8. "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.
9. Experience letter from your employers:

To Whomsoever It may Concern,

We certify that the applicant (Name) to the BT-ABT Course, has been volunteering/working with the us-organisation (Name) and has understanding of working with group (specify population and special needs) for (No) of years. The (applicant) has volunteered/ been employed with us since (year).

- Signed by Signatory / Organisation Head

10. "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.

11. 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, Web Links to the Organization, or any other additional accomplishments or information that you may want to submit

12. Applicants please note that the Bapu Group is compliant with the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013. Bapu group follows a zero tolerance policy in this matter. All applicants are expected to update and inform themselves about the Act.

13. Feel free to call us at 020-26441989, or email us at abtcourse.bapustrust@gmail.com if you have any clarifications or questions

SECTION D: AGREEMENT– APPLICANT**14. TO BE SIGNED BY APPLICANT**

	Indicate Agreement- Yes/No
I (Student Name) 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.	
I am aware that the certification criterion include 100% attendance in the contact learning workshops I & II.	

<p>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 Foundation, and will be done entirely on the basis of the merit of the given circumstance at the discretion of the Bapu Foundation.</p>	
<p>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 hour's 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.</p>	
<p>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.</p>	
<p>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 Foundation.</p>	
<p>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.</p>	
<p>I am aware that I have to attend Certification ceremony compulsorily, and that the date will be notified in advance by the Bapu Foundation.</p>	
<p>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 Foundation will cancel the Certification after due inquiry and process.</p>	
<p>I understand that in case dropout after confirmation, there will be no refund or carry forward of the paid fees.</p>	
<p>I understand that I will handle 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.</p>	

Applicant's Name:

Signature:

Place:

Date:

SECTION E: AGREEMENT - ORGANIZATION**15. TO BE SIGNED BY ORGANIZATION HEAD / AUTHORIZED SIGNATORY**

	Indicate Agreement- Yes/No
As Head of Organization, we permit 100% attendance of (name/s of the student/s): A) B) who are applying to participate in the ABT Course 2024-2025	
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.	
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 organization.	
I agree to the sharing of identifiable data with the Bapu Foundation for the purpose of supervision and assessment of the student project/s.	
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.	
The organisation and the applicant have / will take full informed consent from participants for documentation purposes and enrolment into the project.	
I agree to ABT project documentation in writing, and photography.	
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.	
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)
I am aware of and agree to the visit of Bapu Foundation faculty members/ ABT Guide to observe and supervise the student/s during the practical ABT work in our organisation.	
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.	

<p>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, 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>	
<p>I, on behalf of our institution, accept professional indemnity of the Bapu Foundation 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 Foundation has ensured safe and conducive environ, therefore, it shall be the responsibility of the participant to carry out the entrusted course related activities with due care and exercising caution. Bapu 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 the Bapu Foundation 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.</p>	
<p>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 Foundation.</p>	
<p>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 Foundation will cancel the right to practice after due process and inquiry.</p>	
<p>In case student/s drops out after confirmation, there will be no refund or carry forward of the paid fees.</p>	
<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".</p> <p>NAME & SIGN OF DIRECTOR/ AUTHORIZED SIGNATORY OF THE ORGANIZATION</p> <p>ORGANISATION'S SEAL:</p>	

DATE:**PLACE:**

16. Letter From Organization (Where Applicant Is Currently Employed): Format herewith- We, the office bearers of are aware that 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.

17. Fees Details:

* Fee Payments by cheques, DD, NEFT, IMPS, RTGS or Wire Transfers.

** Cash payments or cash deposits will not be accepted.

*** Fees must be paid within 15 days of filing the application.

Applicants Name:						
Host Organisation's Name:						
Payment To Be Made In The Name Of: BAPU FOUNDATION FOR LEARNING ON MIND AND DISCOURSE						
Sr. No	Payment	INR	Dated	Transaction Number	Bank	Receipt To Be Issued In Name Of
1	Course Fee	75000/-				
2	Application Processing Fee	500/-				
3	Kit Cost	11000/-				
	Total	86500/-				

Bapu Foundation is offering early bird discounts. INR 10,000/- will be waived off for applicants who are able to make full payments of course fee latest by 31st March 2024. The total fee payable will be 75500/- INR under this offer. To avail of the offer get in touch with Karishma on: 91-7887559215. There are no discounts or concessions on fees thereafter.

To,
The Founding Directors,
Bapu Foundation, Pune 411042.

To whomsoever it may concern:

I, have no objection for INR 86,500/- by Cheque/DD/Wire Transfer Tr. No. , dated , towards the 'Integrated Arts-Based Therapy', as a donation to the Bapu Foundation specifically for purposes of developing the Integrated Arts Based Therapy training program and any allied healing activities of the Foundation, for serving communities of persons with disabilities and vulnerable, at risk populations.

Signature:

Date:

Name:

TAX ID / PAN NO. / Appropriate IT No. :

Students are required to fill in above letter for donation and duly submit it along with the application form.