



Registered Charity No. E 22876

**APPLICATION FOR  
THE MUSIC THERAPY TRUST  
POST GRADUATE TRAINING PROGRAMME**

GENERAL DETAILS

                  

Surname: \_\_\_\_\_ Mr.   Mrs.   Ms   Miss   Dr   other (please state)

Forenames: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_ Mob: \_\_\_\_\_ Email: \_\_\_\_\_

Business address (if different from above): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_ Mob: \_\_\_\_\_ Email: \_\_\_\_\_

**RELEVANT QUALIFICATIONS (POST-SCHOOL QUALIFICATIONS & COURSES ATTENDED)**

Full Title	Institution/Awarding Body	Dates from: to:	Result	Teachers Only Please indicate if qualification gives DIEE recognised qualified teacher status.

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(Please continue on a separate sheet if needed)

### RELEVANT WORK EXPERIENCE

Name of Organisation	Position	Dates From: to:	Full-time/ Part-time	Main Areas of Responsibility

(Please continue on a separate sheet if needed)

If currently employed in Education, or if you are awaiting further examination results please state:

Please give name, address, telephone number and position held of two Referees; one must be your current employer. (Please state if you do not wish a reference to be sought from your present employer in the first instance)

Name: _____	Name: _____
Institution: _____	Institution: _____
Address: _____	Address: _____
_____	_____
_____	_____
Telephone: _____	Telephone: _____

Please give an outline of why you have applied for this programme

(Please continue on a separate sheet if needed)

This space should be used to provide any further information which you think is relevant to your application.

If you wish you may mention any condition of health or disability which could have a bearing on your studies or which requires the provision of special facilities.

**DECLARATION**

I confirm that the above statements and particulars are in all respects true, and I agree to be bound by the academic regulations of the awarding body

Signed : ..... Date : .....

Print Name : ..... Position : .....

Please return the completed and signed Application Form to:

**Mr Cajetan D'souza  
The Music Therapy Trust  
301 Sargam  
Plot 4 Sector 1  
Charkop, Kandivali (W)  
Mumbai – 400 067**

Tel: +91(0)22 2869 6552 • Fax: +91(0)22 2869 1834 • E-mail: [themusictherapytrust@gmail.com](mailto:themusictherapytrust@gmail.com)