

Organization and charity supporting this application:**Organization name:** _____

Full address: _____

Website: _____ Phone: _____

Charity name: _____

Full address: _____

Website: _____ Phone: _____

Charity
Contact person: _____ Title: _____**Music therapist/MTA (s) applying:**

MTA applicant name: _____ MTA#: _____

No. of hours currently: _____ Hourly wage: \$ _____ No. of years at site: _____

If applicable, co-applicant's name: _____ MTA#: _____

No. of hours currently: _____ Hourly wage: \$ _____ No. of years at site: _____

If applicable, co-applicant's name: _____ MTA#: _____

No. of hours currently: _____ Hourly wage: \$ _____ No. of years at site: _____

Please clearly describe all current music therapy clinical services for this organization, including a brief description of the programs/services offered, population and the number of clients served by each MTA this application covers.
(max 500 word attachment)

Checklist for MTA:**Each applicant must submit the following:**

- | | | |
|--|------------------------------|-----------------------------|
| I have attached a copy of current MTABC or provincial membership | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I have attached a copy of current CAMT membership | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I am an employee at this site (i.e. liability insurance covered by your employer) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I am on contract at this site and have current liability insurance
(attach scanned copy of liability insurance policy) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I have signed a consent form for my photo to be used in Music Heals promotion | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I have attached one letter of support from the organization | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I have attached one letter of support from the charity
(stating they are committing all monies directly to the music therapy program) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Application proposal:

Start date you are applying for: _____

How much funding are you applying for? \$ _____
(maximum \$15,000 CAD)

Total no. of hours/week this funding would add: _____

Total no. of weeks this funding would add: _____

If more than one MTA applicant, please include the breakdown of the number of hours and budget of the funds for each MTA.

How will funding from Music Heals benefit your clinical music therapy services at this site?

Describe the programs/services you hope to offer, number of clients served, what benefits will be gained, etc. If applicable, list other sources of funding and/or partnerships tied to this program and the dollar amount. (max 500 words).

By submitting this application form you acknowledge and agree that you have read and understood the eligibility requirements, and have attached all required documentation. Only current and completed applications will be considered.

Completed applications can be sent
via email to info@musicheals.ca
or mailed to: **Music Heals**
301 – 2245 W. Broadway.
Vancouver, B.C. V6K 2E4

Office use only:

Date application received: _____

Date reviewed: _____

Is the application complete? _____