



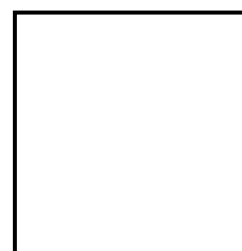
SEEDS ABT Certificate Course *Application Form*

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:

Bldg. Name, Number	
Mohalla /Street	
Nearby Reference	
City/Town/Village	
State	
Pin Code	

3. Telephone Numbers (including STD code):

	STD CODE	NUMBER
Mobile	----	
Landline, Residence		
Landline, Office		

4. Email Address (valid):

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



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6. Gender:

7. Marital Status:

8. No. of Children:

9. Nationality:

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

SECTION B: APPLICANT'S ELIGIBILITY

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

11. Language Skills:

	Indicate Yes ✓
Understanding and Reading in English	
Writing in English	
Writing in Hindi	
Writing in Marathi	

12. Education:

	Required Documentation	Indicate Yes ✓
Doctorate / PhD.		
Post-Graduation (specify specialisation) Subject: Psychology / Social work / Humanities / Other	<i>Attach a copy of mark-sheet or certificate</i>	
Graduation in any stream	<i>Attach a copy of mark-sheet or certificate + Attach Letter of work experience*</i>	
Under Graduation and Field experience		

*Format for Letter of work experience:

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.



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13. Informal Education (if any):

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

14. Where will I practice ABT in the long run?



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SECTION C: ORGANISATION & CLIENT INFORMATION

15. Name of Organisation (the organisation where the applicant will do ABT Project Work):

16. Address of Organisation:

Bldg. Name, Number	
Mohalla/Street	
Nearby Reference	
City/Town/Village	
State	
Pin Code	

17. 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>				

18. Nominated 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

Student Name	Name of Nominated Mentor	Sign of Mentor <i>Indicating Agreement</i>
1.		
2.		

19. Applicant's Status with the Organisation:

	Required Documentation	Indicate Yes ✓
Employed		
Volunteer	<i>Attach volunteer letter from organisation**</i>	

****Format for Volunteer Letter**

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



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20. Attendance & Time Considerations:

Purpose	Period	Where	Indicate Yes ✓
Workshop I	Hybrid - 5 days offline and online	Maharashtra	
ABT Pilot Project	After Workshop I is over	Organisation	
Workshop II	Hybrid – 5 days offline and online	Magarashtra	
ABT Action Research Project	After Workshop II is over	Organisation	
ABT Certification	Will be announced later	Maharashtra	

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. Group or One-to-one – ABT Sessions Modality (choose one):

Modality	Explanation	Indicate Yes ✓
Group work	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.	
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 and minimum 12 sessions with each client during Action Research Phase	

23. 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.		
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		
Other	(Explain)		

24. Client Configuration for ABT Project Work:

Members in ABT sessions	Specify Age range	Indicate Yes ✓
Min. 5 participants / individuals		
6 – 8 participants / individuals		
9 – 12 participants		
Max. 15 participants		



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25. Client Continuity (choose one):

Nature	Explanation	Indicate Yes <input type="checkbox"/>
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.	



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SECTION D: AGREEMENT (CLAUSES) - APPLICANT

26. TO BE SIGNED BY APPLICANT

	Indicate 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 learning workshops (Semesters 1 and 2 inclusive of online and offline sessions) 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 Lighthouse, and will be done entirely on the basis of the merit of the given circumstance at the discretion of Lighthouse.	
4. I am aware that on time completion of pilot and action research project is a pre-requisite for Certification. During Pilot Project 15 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 learning workshop II and III. 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 Lighthouse.	
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 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' (devised by WCCL Foundation) is reported or found at any point in future. Lighthouse 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.	
11. I am aware that I will not practice ABT and call myself an ABT Therapist/Practitioner till I have not officially been certified for it.	

Applicant's Signature and Date:



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SECTION E: AGREEMENT (CLAUSES) - ORGANISATION

27. 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 ABT Course _____ (year).	
2. 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.	
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 Lighthouse 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 Lighthouse - SEEDS faculty members / ABT Guide 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.	



<p>12. It is understood that the Course material, specific method/s applied or exercised, terminologies 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</p>	
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fair use may be exercised.	
13. I, on behalf of our institution, accept professional indemnity of Lighthouse 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 Lighthouse or its trainers. It is the students' responsibility to be aware of (WCCL Foundation) 'ABT Practitioner's Values and Code of Ethics' taught during the Course. It is understood and therefore agreed that, Lighthouse 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, Lighthouse shall not be liable for any damage/injury caused to the participant during the currency of the course. The participant hereby indemnifies and keeps Lighthouse 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 Lighthouse.	
15. I understand that the ABT Certification is liable to be revoked if incidence of non-ethical practice or misalignment with ' ABT Practitioner's Values and Code of Ethics ' is reported or found at any point in future. Lighthouse 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:



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28. Fees Details:

Amount – Rs. 60000/- (Sixty Thousand Only)
Includes Course fees, ABT kit, study materials and Online fees inclusive of GST

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. 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.