

## BAMT Small Grants Application Form

Please complete this application form if you are a music therapy trainee currently studying either full or part-time on one of the HCPC approved music therapy training courses.

Trainees may only submit **one application during their training** and is to be submitted by 1st March 2022, applications after this date will not be considered. Submissions will be reviewed and will be awarded in April.

Only applications for up to £250 will be accepted and will be returned to the applicant for re-submission if a higher amount is applied for. **Please note that receipts will not be required.**

Please ensure that all sections of the form are completed and signed before returning to BAMT at the address above. A short letter confirming your study from your tutor will be acceptable. You will receive an acknowledgement email once your form has been received and will be notified of any award by email.

Section A – About you	
First name	Surname
Address	
Postcode	
Phone no	
Email	
Training course	
Head of course	
1 <sup>st</sup> , 2 <sup>nd</sup> or 3 <sup>rd</sup> year	

Bank Details	
Name of bank or building society	
Name of account	
Account Number	Sort Code

**Section B: About your grant application**

Item to be funded	Supporting information	Amount applied for
<b>Total Amount Claimed</b>		

**Please provide further details about the amount funding you are applying for**

**Please provide any details relating to your financial circumstances which you would like considered:**

Please tell us about any other grants you have applied to and/or received funding from in the past year:

**Section C: Declaration**

**By Applicant:**

I declare that the information I have given is correct to the best of my knowledge, and I promise to repay BAMT any monies granted as a result of this application if this information is later found to be inaccurate, false or if this money is no longer required for the purposes given.

Signed:

Date:

**By Course Leader:**

Signed:

Date:

If a signature is not possible, please ask your course leader for a supporting email to declare that the applicant named above is a trainee on a HCPC approved music therapy training course at the institution named above. Thank you.

**Office use only**

Amount approved

Date

BACS payment

Date payment made to Applicant: