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| 1. *Applicant:*
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| 1. *HCPC (Health Care Professional Council) number:*
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| 1. *Main institution for research/self employed:*
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| 1. **Is this research project being undertaken as part of a research degree? Is so please state name of supervisor and University department where the project is registered.**
 |
| 1. *Please state any additional sources of funding applied for or already received, including any fee waivers.*

 |
| 1. *Additional Collaborators (if any):*
 |
| 1. *Ethical Review (please indicate whether the project has received ethical approval and, if so, from which body):*
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| 1. *Formal academic background/music therapy qualifications:*
 |
| 1. *Professional/academic background (please include any publications and research training being undertaken/completed)*
 |
| 1. *Project title:*
 |
| 1. *Research questions* (up to 200 words):
 |
| 1. *Research hypotheses: (up to 200 words):*
 |
| 1. *Overview of relevant research literature* (up to 300 words):
 |
| 1. *Research methodology* (up to 200 words):
 |
| 1. *Project timetable:*
 |
| 1. *What stage of the project will this funding support?*
 |
| 1. *Significance of project for music therapy* (up to 200 words):
 |
| 1. *Project budget (including breakdown of costs), and sum requested from the Music Therapy Charity*
 |
| *We will not share your application or any of your personal details with third parties.**Please tick here if you would like to be added to our mailing list so that you can receive updates on our news and events:*  |
| *Applicant’s signature:* *Date:* |