

SUBMIT A PROJECT PROPOSAL

A WHAT IS YOUR CONNECTION TO THE INSTITUTE?

- I am a music therapist working with the Institute
 a music therapist not yet working with the Institute
 not a music therapist, but exploring a music therapy project

For the last option, please indicate if you have determined which music therapist will be part of your project, knowing that they will have to be working with the Institute if the proposal is accepted:

- no, not yet
 yes; name: _____

B GENERAL DESCRIPTION OF PROPOSAL

Title of proposal: _____

Profile of clientele: _____

- children teenagers adults seniors

Purpose of project: _____

Project timeline (preliminary start / finish): _____

C PROPOSED MUSIC THERAPY SERVICES

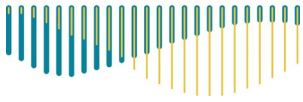
Modalities of the music therapy services included in proposal:

Setting: online in-person hybrid (online and in-person)

Location: at the Institute in the community to be determined virtual

Format: individual dyad group (# participants: min _____, max: _____)

Duration of proposed services (# weeks): _____



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D INFORMATION ABOUT THE MUSIC THERAPIST INVOLVED

none yet

Name: _____

Phone and email: _____

Date of certification (MTA): _____

of years of experience as a music therapist: _____

Profile of clientele served up to now: _____

E INFORMATION ABOUT THE PERSON PROPOSING THE PROJECT

same as above

Name: _____

Phone and email: _____

Institution / organization: _____

Please send this form and any other relevant information that can help us consider your proposal (including resumes for the persons listed in sections D and E) to info@inmt.ca.