|  |
| --- |
| 1. *Applicant:* |
| 1. *HCPC (Health Care Professional Council) number:* |
| 1. *Main institution for research/self employed:* |
| 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. *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* |