**Associate Application form**

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**You**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are you applying as an organisation or an individual?** |  | | | |
| **Professional / trading / Organisation name as it will appear in the Associate Directory** |  | | | |
| **Your full legal name if different from above or organisation named lead contact** | **First name** |  | **Surname** |  |
| **Your date of birth** |  | | | |
| **Your email address** |  | | | |
| **Your contact phone number** |  | | | |
| **Full current postal address with postcode** |  | | | |

|  |  |
| --- | --- |
| **Which team member did you have your surgery slot with, and on which date?** |  |
| **Which interview date are you applying for?** |  |
| **Were you recommended or directed to become an Associate? If so, by whom?** |  |

**Your work Part 1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **What types of work are you doing?** (tick all that apply) | | | **Associate categories:** (tick all that apply) | |
| Peripatetic teaching in schools | |  | Peripatetic Tutor / Music Leader |  |
| Private teaching in organisations other than schools | |  | Clubs / Bands / Groups / Ensembles |  |
| Private teaching from your home / another private home\* | |  | Participatory activities / projects |  |
| Teaching (or planning to teach) online | |  | **Associate Badges you’d like** (tick all that apply) | |
| Projects and/or class teaching in schools | |  | Early Years (EY) |  |
| Leading groups, choirs or projects in non-school or community settings | |  | Digital |  |
| Other, please tell us here |  | | Inclusive Music Aware |  |
| First Access |  |

*\*****If you teach from a private home address*** *you are required to have declared this on your DBS application*

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| **Which age ranges do you work with?** (tick all that apply) | | | |
| 3-4 |  | 11-14 |  |
| 4-5 |  | 14-16 |  |
| 5-7 |  | 16-18 |  |
| 7-11 |  | 18+ |  |

**Your work Part 2**

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| --- |
| Tell us about the instruments, technologies and musical genres/styles you specialise in, and/or the range of music projects and workshops you offer. |
|  |
| Please tell us why Wiltshire Music Connect Associate status is important to you. |
|  |
| Please outline you or your organisation’s relevant skills, knowledge and experience. |
|  |
| Tell us how you or your organisation engages with professional development and training opportunities on an ongoing basis. |
|  |

**Terms & Conditions**

All Associates are required to sign up to Terms & Conditions of membership. This outlines the benefits of being an Associate as well as the annual information we require from you including data return submission.

Please [click here](https://wiltshiremusicconnect.org.uk/associate-membership-terms-and-conditions/) to download the Associate Terms & Conditions for individuals or organisations.

Once you have read these, please follow the instructions to sign up.

Organisations: you will need to provide us with a signed [**Letter of Assurance**](https://wiltshiremusicconnect.org.uk/associate-membership-terms-and-conditions/) along with this application.

**Your Safeguarding**

|  |  |
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| Please confirm that you have a **Safeguarding Policy** and that it covers the appropriate aspects of our guidance provided on our website [here](https://wiltshiremusicconnect.org.uk/safeguarding/child-protection-policy/) | YES/NO |

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| If you are an organisation, please provide the name and email address of your Designated Safeguarding Lead (DSL) | | | |
| Name |  | Email address |  |
| NB. If DSL is a different person to that of main application, the DSL will also need to present at the interview. | | | |

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| Please tell us briefly about how you view your responsibilities towards Safeguarding & child protection in your work. We will ask you more about this, and your duty of care at interview. |
|  |

All individuals and organisations are required to have up to date Public Liability Insurance.

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| --- | --- |
| **Public Liability Insurance** | |
| Expiry date |  |
| We will need to see evidence of your PLI certificate.  Please confirm you can provide this as part of your document submission. | YES/NO |

All individuals and organisation lead contacts are required to have completed Safeguarding Training every year.

|  |  |
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| **Safeguarding Training** | |
| Name of training provider |  |
| Course title |  |
| Date of completion |  |
| We will need to see evidence of your training eg certificate.  Please confirm you can provide this as part of your document submission. | YES/NO |

All Associate individuals and organisation lead contacts are required to have an Enhanced DBS check with Children’s Barred list, and to be subscribed to the annual Update Service. We will need to see the original certificate. More details and how to book a DBS check [here](https://wiltshiremusicconnect.org.uk/safeguarding/dbs-checks/). Applicants must also consent to checks against the Teaching Regulation Agency (TRA) Barred from Teaching lists.

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| **DBS and Update Service** | |
| DBS certificate number |  |
| Date of certificate issue |  |
| Which organisation processed your DBS application? |  |
| Is this certificate number subscribed to the annual DBS Update Service? | YES/NO |
| If you teach from home, did you declare this for your DBS application? | YES/NO/not applicable |
| If you use two names concurrently, or have any other aliases, nicknames or “known by” names did you declare your primary and secondary name and/or all your other names / nicknames on your DBS application? | YES/NO/not sure |
| **Please note**, by providing with your DBS information you are giving us consent to carry out regular checks via the annual DBS Update Service. This is as a condition of Associate status. | |

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| **Qualified Teacher Status (QTS)** | |
| Do you hold Qualified Teacher Status? | YES/NO |
| If yes, please provide your Teacher Registration Number? (You can retrieve this [here](https://www.gov.uk/guidance/teacher-reference-number-trn#what-to-do-if-you-have-forgotten-your-trn)) | **TRN**: |
| If you have QTS, do you understand that we will need to carry out checks against the TRA teachers and others prohibited from the profession list? | YES/NO |

**Identity**

Individual Associates only

|  |  |
| --- | --- |
| **Proof of Identity and Right to Work in UK** | |
| You need to provide the following documentation as part of your application (via [We Transfer](https://wiltshiremusicconnect.org.uk/?post_type=resource&p=12208&preview=true)), please tell which you are providing as part of your application. | |
| **Proof of address**   * Eg. Driving licence, official letters / statements from a bank, building society, mortgage company or council tax |  |
| **Proof of identity**   * Eg. Passport, Photocard driving licence, Birth certificate |  |
| **Proof of Right to Work in UK**   * Eg. Current or expired UK or Irish passport, UK or Irish birth certificate, [click here](https://www.gov.uk/prove-right-to-work) if more info required |  |

**Legal and Governance**

Organisations only

|  |  |  |  |
| --- | --- | --- | --- |
| **Legal status** - Please tick which reflects your organisation: | | | |
| Company Limited by Guarantee |  | Unincorporated Association |  |
| Community Interest Company (CIC) |  | Community Benefit Society |  |
| Charitable trust |  | Cooperative Society |  |
| Charitable Incorporated Organisation |  | Company Limited by shares |  |
| None of these; we don’t have a constitution |  |  |  |

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| --- | --- | --- | --- |
| **Governance** – In terms of your music education / learning work (including safeguarding) is your organisation: | | | |
| Governed / monitored by a board of trustees or directors |  | Accountable to any public bodies |  |
| We have no governance model |  | Other – please add below |  |
|  | | | |

**Your References**

Please provide us with the names of **2 referees** that we can contact for a reference covering your professional experience, suitability for tuition / participatory work and suitability to work with children & young people. Please be clear who they are and in what capacity they know you. At least one and ideally both will be a recent employer or someone who has hired your services as a music tutor / music leader / organisation in the last 12 months.

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| --- | --- | --- |
| **Please complete for each referee** | **Referee 1** | **Referee 2** |
| Name of referee |  |  |
| Job title / profession |  |  |
| Name of organisation/school |  |  |
| Email address |  |  |
| Postal address inc. postcode |  |  |
| Phone number |  |  |
| Referee’s professional relationship with you / your organisation |  |  |

**Your Self-declaration**

Music teaching, and/or leading music projects with children and young people is a regulated activity. **Please complete** the following:

|  |  |  |
| --- | --- | --- |
| Have you – or anyone who works for your organisation been reported to any children’s services department or to the police as being a risk or potential risk to children? | | YES/NO |
| Have you - or anyone who works for your organisation been the subject of any disciplinary investigation and/or sanction by any organisation due to concerns about their behaviour towards children? | | YES/NO |
| Have you - or anyone who works for your organisation ever been the subject of disciplinary sanctions or been asked to leave employment or voluntary activity due to inappropriate behaviour towards children? | | YES/NO |
| Do you – or anyone who works for your organisation have any unspent convictions or conditional cautions? | | YES/NO |
| **If yes to any of the above, please provide details:** | | |
| **Confirmation of declaration** | | |
| I agree that the information provided here may be processed in connection with the quality assurance procedures required to maintain my/our Associate Provider status with Wiltshire Music Connect and I understand that my/our Associate status may be suspended or terminated, and further action may be taken if information is not disclosed by me/us and subsequently comes to the attention of Wiltshire Music Connect. | YES/NO | |
| I agree to inform Wiltshire Music Connect within 24 hours if myself / my organisation is investigated by any agency or organisation in relation to concerns about behaviour towards children or young people. | YES/NO | |
| I understand that the information I have provided, the results of any DBS update and barred list checks, and information supplied by third parties may be supplied by Wiltshire Music Connect to other persons or organisations in circumstances where this is considered necessary to safeguard children. | YES/NO | |

**Your Signature**

|  |  |  |
| --- | --- | --- |
| In submitting this application to become an Associate provider, I declare its contents are true and accurate | | YES/NO |
| **Name** |  | |
| **Signature** |  | |
| **Date** |  | |

**Submit your application**

The safest way to send us all your documents and this application form is via our We Transfer account.

[Click here](https://wiltshiremusicconnect.org.uk/resource/sending-us-info-via-we-transfer/) for instructions.

You will be invited to create your online Associate profile following moderation of your application.

If you have any questions about the application process, please email us [associates@wiltshiremusicconnect.org.uk](mailto:associates@wiltshiremusicconnect.org.uk)

**Your checklist for submission**

Here is a checklist reminder of what we require as part of your application.

|  |  |
| --- | --- |
| Signed the Terms and Conditions / Code of Practice for Associates (submission via google form) | YES/NO |
| PLI certificate | YES/NO |
| Safeguarding in Education – evidence of course completion (eg certificate) | YES/NO |
| DBS certificate – a photo / scan of the original paper certificate, which clearly shows all details – including your address at the top, and that it checks the Children’s Barred list. If you have more than one certificate this must be the same certificate that is subscribed to the annual update service. (Same certificate number) | YES/NO |
| **Individuals only:** | |
| Proof of address   * Eg. Driving licence, official letters / statements from a bank, building society, mortgage company or council tax | YES/NO |
| Proof of identity   * Eg. Passport, Photocard driving licence, Birth certificate | YES/NO |
| Proof of Right to Work in UK   * Eg. Current or expired UK or Irish passport, UK or Irish birth certificate, [click here](https://www.gov.uk/prove-right-to-work) if more info required | YES/NO |
| Organisations only: | |
| A signed Letter of Assurance | YES/NO |

**Optional**

**Equity, Diversity and Inclusion – please complete our optional** [**ONLINE**](https://docs.google.com/forms/d/e/1FAIpQLSdC4o5aNq1zPD9MPMDjBe_ZVuKUsMdpoYqukV-_OS09msrJqw/viewform?usp=sf_link) **form.**

Data provided will remain anonymous and will be used to help us monitor trends in applications and shape a more diverse pool of Associates over time.