***Pre and Perinatal Professional Training Application, 2022-2023***

Applications will be considered when all of the following have been received. If you have not taken your first Process Workshop, you can send the application information now. We may give provisional acceptances based on your application. Final decision will be made after you've taken a Process Workshop.

**Application Checklist:**

* Photo
* Application deposit
* Contact Information Sheet and Questionnaire
* Recommendation Form from a Craniosacral, Somatic Experiencing or other teacher
* Recommendation Form from a teacher or colleague who is a professional in the healing arts field or works with children and families

The application process is designed to help us support you in your educational growth as a healing-arts professional. Our interest is to know more about you in order to determine if the Professional Training is appropriate for you at this time. Class size will be limited. We will have a 1:3 ratio of Teaching Assistants to students. All information on this application will remain confidential.

Name:

Licenses (RN, MSW, RCST):

Address:

Phone:

Email:

Date of birth:

Family/Relationship (married/partnered, children, etc):

**References**

Name of my prerequisite teacher #1:

Teacher’s phone number:

Nature of Relationship:

Name of my prerequisite teacher #2:

Teacher’s phone number:

Nature of Relationship:

I give permission for Myrna, Susan, Elsa or Eileen to speak with both of my prerequisite teachers concerning my abilities to benefit from and apply myself to the Training.

Signed:

Date:

If you’ve taken a Process Workshop with a Certified Process Workshop Facilitator who is not Myrna, Eileen, Susan or Elsa, and are using it as a prerequisite for the Training, please sign below. If this does not apply to you, please write N/A.

I give permission for Myrna, Susan, Elsa or Eileen to speak with my Process Workshop Facilitator concerning my abilities to benefit from and apply myself to the Training.

Signed:

Date:

**Commitment**

If accepted into the Training, I commit to attend all 30 days of the 6 modules (or approved makeup options), to arrive by scheduled start time and leave the site no sooner than ending time.

Signed:

Date:

**Please answer the following questions on this form or a separate piece of paper:**

1. Describe your reasons for applying for this training & how you plan to use what you learn.
2. Make a statement that describes your level of commitment to working in the Pre and Perinatal field.
3. Which population is of most interest to you: adults, children, babies, or families?
4. Current and past therapies used for physical and mental/emotional health. Describe extent of current work (weekly, as needed, workshops, etc).
5. Have you ever been convicted of a crime? If yes, give details.
6. Resume, including the following:
	1. Formal education, with titles, dates, location
	2. Professional qualifications (certificates, licenses, professional associations of which you are a member)
	3. Training in anatomy and physiology, counseling skills, bodywork, prenatal and birth work, trauma resolution and other healing arts (include teacher, title of courses, dates, # days or hours, titles of certificates and degrees)
	4. Any training and experience in other fields
7. Craniosacral and/or Somatic Experiencing training and experience:
	1. Training in Craniosacral Therapy or Somatic Experiencing, with teacher’s name, dates, and length of training
	2. If you do craniosacral work, give estimated number of sessions you’ve given
8. Description of the nature of your professional practice
	1. Therapies/modalities used, clients/week, years in practice
	2. Describe your strengths and challenges as a healing arts professional/child and family professional
	3. If you included volunteer work or peer exchange/trades in your description of your practice, please note this
9. Experience with pregnant parents, babies, children, and adults (your own, others, and professionally)