**Foundational Training in Teaching MBCT**

**Application Form**

* Shortlisted applicants will be invited to attend an interview on the 6th March 2018.
* An offer of a place/or informed if unsuccessful will be sent by 29th March 2018.
* You will be asked to confirm acceptance of the offer, and make full payment by the 29th June 2018.

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| **Full name:** |  |
| **Preferred name:** |  |
| **Address:** |  |
| **Post code:** |  |
| **E-mail:** |  |
| **Telephone**  **Home:**  **Mobile:** |  |
| **Date of birth:** |  |
| **Male/Female:** |  |
| **Emergency contact and**  **telephone number:** |  |

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| What is your current occupation, field of work & employer: |  |
| Please provide details of your professional qualifications and training relevant to your professional role: |  |

Pre-requisites for applying for the Foundational course (if you answer **No** to any of these questions then you will not be able to proceed with your application)

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| 1a. At the time of application, have you completed one of the following:  Please answer **Yes or No\***: | An 8 Week MBCT / MBSR programme or an equivalent course? (e.g. a 5-day MBCT experiential over a ten week period with daily home practice). If an 8-week MBCT/MBSR course is unavailable in your home country, you may also have undertaken a high-quality online training supplemented with retreats etc. |
| 1b. Please provide details of the duration of the programme(s), where, when and with whom it was undertaken: |  |
| 1. Do you have experience of the population and context within which you plan to teach mindfulness and appropriate qualifications for working with this group?   Please answer **Yes or No\***:  2b. Please give details of the population and context within which you plan to teach mindfulness and of your experience of working with this group(s) and how your qualifications would be appropriate for this work. |  |

In support of your application, please write a summary (up to 200 words per section) for each section below:

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| 1. Your reasons for applying for the course and what you hope to learn. |  |
| 1. Your meditation experience:   6a. Your experience of the 8/9 week or 5 day experiential MBCT / MBSR programmes described in question 1b  6b. Meditation retreats attended, if any    6c. Please reflect upon your ongoing  personal practice including:   1. Frequency, duration and practices chosen 2. Any delights, difficulties and discoveries you have been working with recently |  |
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| 1. The professional context in which you plan to teach |  |

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| 1. If you don’t have training in and experience of   CBT, and, Facilitating groups, and Mental health  awareness.  Please confirm that you will gain these as part of your pathway in training to teach MBCT | YES/NO/Not applicable |
| 1. Do you have the means to fund this course, and   can you pay in full by 29th June 2018? | YES/NO  Please provide details: |
| 1. Please confirm you have read the cancellation policy | YES/NO |

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| Signature: | Date: |