**Application for 2021 Training in Pre and Perinatal therapy**

with

**Charisse Basquin and Mary Jackson**

Please use bold or a different colour for your answers. Once completed return it to Charisse and Mary as an attached file. Email addresses are at end of document.

Name and any credentials you’d like after your name:

Address:

Best phone to reach you:

Email:

Skype address:

Date of Birth:

Please attach a recent photo of yourself with the application.

Family: Married/Partnered? How long? Number of children, grandchildren, ages, names:

What is your goal for taking this training? How do you plan to use it?

What is your training in healthcare including body work, psychotherapy, education, counselling skills and other related fields. (Include teacher’s name, title of courses, length of training and certifications received).

Current occupation:

Description of the nature of your professional work, i.e., psychotherapy/pastoral/teaching/bodywork/healing arts practice and work with children and/or adults. If you included volunteer work or peer exchange, please note it as such.

Describe your strengths and challenges as a professional.

Describe your experience working with pregnancy, parents, babies and children (your own, others, professionally).

Craniosacral/Cranial Osteopathy training and experience:

-Please include teachers’ names and certificates received

-Amount of time using this work in your professional practice

Describe your health condition and recent medical history. Include any current medications/herbs for physical and/or mental health.

Are you able to commit to all 5 days of all 4 modules including being ready to start on time for the first day and staying until the end of the last day?

Do you agree to abstain from alcohol, recreational drugs and ceremonial drugs/herbs/medications from the day before the start of each module through the end of each module? Are you willing to inform Mary and Charisse of all use of recreational and spiritual medications, alcohol and nicotine?

How often do you use nicotine and recreational/ceremonial medications or drugs? Are you willing to commit to abstain from using them through the end of the training?

Are there any challenges for you to taking the training?

If you have taken a birth process workshop (aka “womb surround”) with someone other than Charisse or Mary please indicate when and with whom.

If you have participated or will participate in a birth process workshop from a facilitator other than Charisse or Mary fill in the blank below:

“I give permission for Charisse and/or Mary to talk to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ “the certified process workshop facilitator).

Print name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(You may “sign” your name electronically).

Please email completed forms to Charisse and Mary at:

[earlyimprintsuk@gmail.com](mailto:earlyimprintsuk@gmail.com)

[mjmidwife@gmail.com](mailto:mjmidwife@gmail.com)