UK Mindfulness Centres Collaboration

Mindfulness-Based Cognitive Therapy (MBCT) Teacher Training for Improving Access to Psychological Therapies (IAPT) Services

2018-2019



**TRAINEE APPLICATION FORM**

Please refer to the accompanying documentation: the training information and the training curriculum.

Each IAPT staff member that is being put forward as a prospective trainee by their IAPT service should complete a trainee application form.

Trainee application form(s) should be submitted together with the service application form which is completed by the head of service.

Application forms should be completed electronically and emailed to the training centre to which your service is applying by 11th December 2017.

Shortlisted applicants will be interviewed (usually by skype or zoom) between 11th December 2017 and 31st January 2018.

We may contact members of your service (for example your line manager, clinical lead or Head of Service) to discuss your application.

Please ensure this form has been discussed with, and approved by, your Manager and Clinical Lead.

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| *Please complete this form electronically* |
| *Admin use only:* |
| Title |
| First / given name(s) |
| Surname |
| Work address |
| Tel number(s)  *It would be helpful to include a number that can reach you when you are not at work.* |
| Home address  *If you are willing to provide this.* |
| Email address(es):  *It would be helpful to include an email address that you access from home.* |
| Academic qualifications:  *Please give those that are relevant - subject, level, institution and year.* |
| Professional qualifications:  *Please give those that are relevant - subject, level, institution and year.* | |
| Job Title / Role | |
| Name of IAPT service | |
| Name, email and telephone number of Line Manager who has approved this application | |
| Name, email and telephone number of Clinical Lead (if different) who has approved this application | |
| Current employment:  *Please include name of employing organisation, date of commencement, brief description of duties and responsibilities.* | |
| I am a High Intensity IAPT Therapist - y/n  Number of years / months in this role  Number of hours per week in this role: | |
| Previous employment  *Please include name of employer, date of commencement, brief description of duties and responsibilities* | |
| Confirmation of CBT pre-requisites  *You must satisfy at least one of these criteria:*  I am trained in cognitive-behavioural therapy and have been practising for at least one year - y/n  I am a fully BABCP accredited CBT therapist – y/n | |
| Please describe your training, qualifications and experience in CBT | |
| What training and experience do you have in other psychological therapies? | |
| What training and experience do you have in working with groups? | |
| Confirmation of mindfulness pre-requisites  *:*  I have at least a basic knowledge of MBCT y/n  I have an interest in mindfulness from a theoretical perspective y/n  I am interested in developing and deepening a regular personal mindfulness practice y/n | |
| Knowledge and experience of MBCT  *When and how did you come across MBCT? How much do you know about it? What interests you from a theoretical perspective? What have you read about MBCT?* | |
| Personal mindfulness practice  *Do you have a regular personal practice? If so… what does it consist of? How long have you been practising? How often do you practise? What are the benefits? What are the challenges? Why do you practise?* | |
| If you do not have a regular personal mindfulness practice, would you be interested in developing one?  *Please explain the reasons for your answer.* | |
| Have you taken part in a mindfulness 8-week programme?  *Where and when did it happen? What kind of programme was it (MBSR / MBCT / other)? Who was the teacher? What was your experience of the course?* | |
| If you have not taken part in a mindfulness 8-week programme, would you be willing (and in a position to) do this beginning early in 2018?  *Please explain the reasons for your answer. Have you identified a group you could join ? Where and when is it ?* | |
| Have you taken part in other mindfulness (or related) training / activities?  *Please give details of any workshops, courses, retreats, etc* | |
| What experience (if any) do you have of teaching mindfulness or using mindfulness in clinical work? *Please describe.* | |
| Why are you applying to do this training?  *When did you first consider training as an MBCT teacher? What interests and motivates you to apply?* | |
| How do you intend to apply the training?  *Do you intend to teach MBCT programmes in your current* context? *How will your personal practice integrate with and support this? Please explain.* | |
| Having read the training information and curriculum, do you anticipate any difficulties attending any of the 10 training days?  *Please explain your answer. Venues and dates are available on accompanying documentation.* | |
| Do you anticipate any difficulties attending a five-day mindfulness practice residential (in your own time and funded independently) during the period of the training? *We recognise that this may be difficult for some people and we would seek to facilitate adaptations for those who are not in a position to do this in the proposed format.* | |
| Do you anticipate any difficulties co-facilitating two full courses of MBCT with a more experienced MBCT teacher in your IAPT service between July 2018 and March 2019?  *Please explain your answer.* | |
| This is a demanding and challenging training that will require considerable commitment of personal time, energy and resources. Are you in a position to give the required commitment?  *Please explain your answer.* | |
| For the reasons described above, we do not recommend this training is done alongside other time-intensive training. Will you be taking part in other significant training courses during this period of time? | |
| Do you have any special needs that we should know about ?  *Please briefly describe any disability, stress factors, vulnerabilities or circumstances that it would be helpful for us to know about that may impact on your completion of the training or for which it might be helpful to have additional support ? The information will not prejudice your application but may be used to make appropriate arrangements to support you.* | |
| Is there anything else you would like us to know? | |
| Signature: | |
| Date: | |
| *Admin use only:* | |

Please complete this form and the Equality monitoring form (if you are willing to complete it) electronically, and email them to the Training Centre covering your geographical area (see training information document). Your application should arrive at the training centre together with the service application form completed by your head of Service and the application forms of any other applicants to this training from your IAPT service.