Level I: Registration Form

Your Details:

Full Name:  
  
Email Address:  
  
Confirm Email Address:

Telephone:

Home Address:

City:

State:

Postcode:

Country:

Your Background:

Professional Background:

Relevant professional qualifications in health, education or other:

Group experience as a teacher, trainer or therapist:

Do you have a current mindfulness or meditation practice? How long have you been practising for? (no. of years)

Please provide details of where, when and the name of the teacher (with email and phone number) with whom you completed an MBSR or MBCT course. There is an expectation that you will have completed all sessions of the course including the All - Day if applicable, but in special circumstances we understand that you may have needed to miss one of the eight sessions. (Your teacher may be asked to act as a referee for this application so please ask them first if they would be willing to be your referee.):

Have you completed a Silent Meditation Retreat (at least 5 days) in the past 4 years? If yes, where, when and with whom? (If not, please outline your plans to complete this pre-requisite before the training. Please list other relevant retreat experience:

Please outline your yoga or other body-based discipline experience:

Is there a specific population of people that you have expertise in working with, and would like to offer MBSR or MBCT to in the future?

Have you run MBCT or MBSR courses? If yes, how many?

Please write something on the meaning of practice in your life and work, what has drawn you to participate in this program, and your vision or intentions for integrating this into your work. You can use as much space as you like for this: