Level II: Registration Form

Please make sure you have completed Level I MTIA training or have equivalent training or experience, before filling out this application 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:

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?

Please outline your current meditation practice and past retreat experience (listing dates of retreats, teachers and tradition) including plans for the future:

What past MBSR/CT training have you completed with another organisation that you would like recognised as part of your training pathway with MTIA? Please include dates, length of training and teachers:

Please outline your yoga or other body-based discipline experience and ongoing practice intentions:

Please outline the MBSR/CT classes you have run including dates, and group size:

Please outline all the supervision you have had for teaching MBSR/CT classes including: dates, exact number of hours, and name of supervisor:

Please outline your intentions for teaching MBIs in the near future and what your supervision requirements may be: