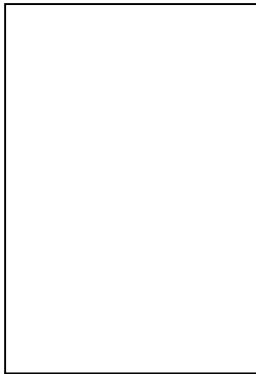


Karuna Institute
Application for the Two-Year Professional
Training in Craniosacral Biodynamics



Photo

Name
(This has to be your legal name and this will appear on all Certificates and cannot be changed subsequently)

Address
.....

Telephone:.....

Mobile:..... **Date**.....

Email address:

Skype user name:.....

(please attach a passport sized photograph in the area above)

Please Print Clearly (or Type)

If any answers need more space please attach as necessary

Profession:.....

Age: **Date of Birth:**..... **Gender:** M / F *(please circle)*

Family/Relationships: (married/partnered, children).....
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.....

Formal Education: Education, Degrees and Trainings:

Degrees/Certificates Completion Date Length of Training (hours/months/years)

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.....

Professional Qualifications: (Association registrations, etc.).....
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.....

Description of Professional Practice: (If in practice, nature of practice, clients per week, years in practice):

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Training in Anatomy and Physiology (course, hours of tuition):.....

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Previous Craniosacral Therapy Training

Course	Length of Course and hours of Tuition
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What brings you to training in biodynamic craniosacral therapy?

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Why are you applying to the Karuna Institute program?

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Current Therapy: (Current therapeutic forms that you are experiencing as client/patient:

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Past Experience of Therapies (Modalities that you have experienced as client/patient):

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Health Profile:

Current State of Health (illnesses, Symptoms):

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Birth History and Childhood (any known details, any relevant history):

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Current and Past Medication: (Prescribed Drugs, Recreational Drugs, including alcohol/amount per week):

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Medical History:

Physical (physical illnesses, accidents, falls, etc.):.....

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Psycho-emotional: (psychiatric, psychological processes that affected your functioning or well being):

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Hospitalisations, Surgery: (For physical or psychological reasons):.....

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Mental Health: Please give details of any past or present mental health conditions you have had, and particularly ones involving psychiatric support:.....

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Disabilities/Learning Difficulties: Please give details of any physical disabilities, or specific learning difficulty (such as dyslexia):

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Criminal Convictions: Please give details of any criminal convictions you have:

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Sex Offenders' Register: Are you on any List or Register of Sex Offenders? If so, please give details:

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Any other relevant information *(please continue on a separate sheet if necessary):*

Language : Is English your first language ?

If not, please supply us with evidence of recent IELTS test, with the scores, or a copy of a pass at A-C of an English Language GCSE qualification awarded by a UK examination board.

Fee Status

Country of Birth :

Nationality (as on Passport) :

Country of usual permanent residence :

Have you ever lived outside (or were born outside) the UK/EU?

Yes No

Applicants not born in the UK/EU, please answer the following :

(a) Last date of entry to the UK/EU excluding holidays:

Day : Month : Year:

(b) Have you applied for Refugee or Asylum status in the UK?

Yes No

(c) Have you been granted indefinite leave to remain in the UK?

Yes No

Date Permanent Resident was granted:

Day : Month : Year:

Please enclose copies of your Home Office documentation

(d) Have you entered the UK on a visa?

Yes No

Date of visa expiry:

Day : Month : Year:

IMPORTANT ALL APPLICANTS MUST SEND A COPY OF THEIR PASSPORT WITH THEIR APPLICATION

Purpose of the Training

- To provide an in depth understanding and appreciation of the principles of the Craniosacral Biodynamics, primary respiration and related perceptual skills.
- To provide an in depth understanding and appreciation of the unfoldment of the Breath of Life and its ordering and healing functions in the human system.
- To be able to apply these principles within a clinical context.
- To create a holding environment where growth and personal insight may arise.
- To graduate skilled, safe and therapeutically effective practitioners.

Application Requirements

Application Process

The professional training course is ideally suited for practitioners in orthodox or complementary fields of medicine or therapy, although suitable students without a practitioner background are also eligible for admission. Knowledge of anatomy and physiology is a requirement. If applicants do not have a suitable A&P background, then Anatomy and Physiology courses can be undertaken at the same time as the professional training. Experience in some form of body-oriented therapy is recommended. Places in the course are limited. A personal interview at Karuna will be required if distance permits, otherwise Skype or phone interviews will be available. Admission is at the discretion of the tutor team.

Required

- Submission of the Institute's application form for the training in Craniosacral Biodynamics.
- Ideally, practitioner status in orthodox or complementary fields of medicine or therapy *but we do accept applicants who do not have practitioner status depending on their individual circumstances.*
- A sound training in and knowledge of anatomy and physiology (extra tuition may be required of you if your anatomy and physiology is not up to practitioner standards).
- An interview will be required.

Highly Recommended

- Experience in a body-oriented therapy form.
- Personal experience of Craniosacral Therapy.
- Experience of other holistic/complementary forms of therapy.
- Understanding of pathology and symptomology,

Financial Obligations

I understand that once I have been accepted for the training, if I withdraw before the start of the course, my deposit is non-refundable. I understand that I am committing to the entire training programme and its tuition fees. All instalment payments during the training period are non-refundable.

I wish to enrol on the Craniosacral Biodynamic 2-year training course and I enclose my non-refundable application fee of £30. I understand that the full fee for the Craniosacral Biodynamic Training **Residential** is £..... (*please insert*)

Upon the offer of a place on the course, a non-refundable deposit of £..... (*please insert*) will become due. Confirmation of a place cannot be made until the deposit has been received. I accept the Course Booking Conditions received with this form. Your place will only be confirmed if you accept the offer in writing and send by the indicated date, together with the signed and dated Training Contract, deposit for Year 1 of the Training, and the white copy of the training fees invoice signed and dated.

Signed Date

Name (BLOCK CAPITALS PLEASE).....

When completed, please send this form by **regular mail only** to:

Jacqui Aplin, The Administrator, Karuna Institute, Natsworthy Manor, Widecombe-in-the-Moor,
Devon, TQ13 7TR

Equal Opportunities Form

Please complete the Equal Opportunities form sent to you with the application pack and return to the Institute (see last section of this application).

Please tick the method you are using.

I have enclosed my completed Equal Opportunities Form with my application.

I am sending my Equal Opportunities form separately

How did you hear about the Karuna Institute?

Please tick as applicable:

Web search engine (please specify)

Link on another website (please specify)

Recommendation

From Karuna email

From Karuna website

Press article (please specify)

TV programme (please specify)

Advertisement in:

Breathing Space

BACP Therapy Today

BACP Training journal

UKCP Journal

Fulcrum

Other (please specify)

**Karuna Institute
Booking Conditions for
Training Courses and Seminars**

1. Bookings for courses or seminars should be made in writing using the booking form available.
2. Places are only booked following receipt of the required deposit paid in £(sterling) and/or the administration fee as published.
3. All deposits and administration fees are non-refundable in all circumstances.
4. The Karuna Institute aims to let participants know whether or not a course will run normally 6 weeks prior to commencement. If applicants have not heard from Karuna by this time then they should contact the office (01647 221457) to enquire as to the up-to-date status of the course.
Course participants are advised not to book any travel or other unrecoverable costs before receiving confirmation that the course will run.
5. If the course is cancelled by the Karuna Institute for whatever reason our liability shall be limited to the refund of deposits to those booked on to the course or seminar concerned and no liability shall be held to any other party or for any other costs incurred by the student.
5. All cancellations must be in writing.
6. In confirming acceptance of the place offered on any course or seminar, the student is thereby undertaking responsibility for the payment of the course fees in full and for making payments on the specified due date(s).
7. In the event of cancellation of a place after an acknowledgement has been sent to the student, fees become due as follows :-

within 2 months (8 weeks) of the course start date : **Full Fees**
within 2-3 months (12 weeks) of the course start date : **50% of fees due**
Beyond 3 months : **no further payment is due**
8. All payments to Karuna Institute for fees and all refunds to be made in £(sterling).
9. Karuna Institute reserve the right to alter dates, staffing or venues due to unforeseen or exceptional circumstances and there will be no liability to any party for costs.

Data protection:

Please note that if you are accepted onto a Karuna Institute Course, your contact details will be distributed on a participant list prior to the start date, but only to students and Training Staff. We NEVER release details of our students to outside organisations or individuals without their permission to do so.

Karuna Institute

Equal Opportunities Monitoring Form (Craniosacral Biodynamics Training)

The Karuna Institute, in keeping with its Buddhist roots and cross cultural perspective, values diversity and is continually striving to address both direct and indirect discrimination, whether by reason of race, gender, class, age, spiritual or faith orientation, disability or sexual orientation. The Institute is continually aiming to improve its procedure and systems in this area. To help us implement this commitment, please complete the following questionnaire and return this form to the Institute.

Personal Details of Applicant

1) **Age:** 26-30 31-40 41-50 51+

2) **Gender:** Female Male

3) **Race and Ethnicity:**

Please tick one of the following:

White

- English
 Scottish
 Irish
 Welsh
 Any other White background, please state
-

Mixed

- White and Black Caribbean
 White and Black African
 White and Asian
 Any other Mixed background, please state
-

Asian or Asian British

- Indian
 Pakistani
 Bangladeshi
 Any other Asian background, please state
-

Black or Black British

- Caribbean
 African
 Any other Black background, please state
-

Chinese or other ethnic group

- Chinese
 Other, please state _____

4) **Disability:**

a) Do you consider yourself to have a disability?

 Yes No

b) If yes, how would you describe your disability?

c) Are you on any any disability register?

 Yes No

d) If you have a disability, have you disclosed this to Karuna?

 Yes No5) **Sexual Orientation:**

Would you describe yourself as:

 Bisexual Gay Heterosexual Lesbian6) **Religion or Spiritual Belief:** Buddhist Moslem Christian Sikh Hindu Atheist Jewish Agnostic Humanist Other – please specify7) **Please indicate where you live:** London Yorkshire and the Humber North East Wales West Midlands Scotland East Midlands Ireland North West Europe South West Overseas South EastPlease return this form, **unsigned**, to:**Karuna Institute,
Natsworthy Manor, Widecombe-in-the-Moor, Devon TQ13 7TR**