

**KARUNA INSTITUTE**  
**Application Form for Craniosacral Post-graduate Course**

Photo	<p><b>Name</b></p> <p><b>Address</b></p> <p><b>Home Telephone</b></p> <p><b>Work Telephone</b></p> <p><b>Email address:</b></p> <p><b>Skype contact name:</b></p>
-------	--

This post-graduate course is open to graduates of accredited training programs in Craniosacral Therapy with professional accreditation as a Craniosacral Therapist in their home country, including either a foundation training in Biodynamics or at least one post-graduate course with a Biodynamic approach.

**Please Print or Type**

If any answers need more space please attach as necessary.

**Occupation**

---

<b>Age</b>	<b>Date of Birth</b>	<b>M/F/non binary</b>
------------	----------------------	-----------------------

**I am applying for the following Post-Graduate course(s) in Craniosacral Biodynamics (course name and dates:**

Babies, Birth and Biodynamics 5th-10<sup>th</sup> January 2020

---



---

---

**Family/Relationships** (married/partnered, children)

---

---

---

---

**Formal Education: Education, Degrees and Trainings:**  
Degrees/Certificates    Completion Date    Length of Training

---

---

---

---

**Profession/Professional Qualifications:** (e.g. Association registration etc.)

---

---

---

**Craniosacral Training Program that you graduated from, including date of graduation and school attended. Please indicate if this was a Biodynamic foundation training or not:**

---

---

---

**Previous Craniosacral Post-graduate courses taken, including dates and school attended. Please indicate if a Biodynamic approach was included:**

---

---

---

---

---

---

**Any previous courses taken related to working with babies, including dates and school attended or any previous work experience with babies, pregnancy, or birth? (not a requirement but useful for us to know):**

---

---

---

---

---

---

**Nature of Professional Practice (i.e. mainly Craniosacral therapy? other modalities, combined practice? etc.):**

---

---

---

---

**What brings you to this post-graduate seminar in Craniosacral Biodynamics at the Karuna Institute?**

---

---

---

---

---

**General Health:** Please give details of any past or present physical disabilities or medical condition(s):

---

---

---

---

---

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

---

---

---

---

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

---

---

---

---

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

---

---

---

---

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

---

---

---

**Any special dietary needs?:**

---

---

---

**Anything else you'd like us to know?:**

---

---

---

---

**PLEASE COMPLETE :**

I understand the fee for this five-day post-graduate course is: £750.00  
(non-refundable deposit: £350)

I enclose the non-refundable course deposit payable to “**Karuna Teachings Limited**” and understand that Karuna Institute booking conditions, printed overleaf, apply.

Signed .....

Dated .....

**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

Press article (please specify)

.....

TV programme (please specify)

.....

Advertisement in:

Breathing Space

BACP Therapy Today

BACP Training 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. 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 reserves 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.