APPLICATION (SAME AS THE PDF FILE IN THE LINK)

Ideally, you download the Word document, fill it in, and send it back as an attached file in Word. If you don't have access to Word, you can download the PDF, abbreviate the questions, and write the answers in **bold** in any word processing format and then send that as a PDF by email. Do NOT send in 'Pages'; we can't open it.

Please include the following information:

Name and any academic or credentials after your name:

Address:

City, State, Zip:

Home Phone: Bus.

Phone Cell Phone:

Best phone to reach me:

Email:

Website:

WhatsApp:

Age and Date of Birth:

Family: Married? Partnered? How long? Number of children, grandchildren, ages, names?

What is your goal in taking this training including how you plan to use it?

Training in bodywork, healthcare, education, counseling skills, movement, mental health, pre- and perinatal work, trauma resolution, anatomy, physiology and related fields and in education (include teacher, title of courses, dates, number of days/hours as well as certifications received):

Current occupation (how you earn a living) and training for that.

Description of the nature of your professional bodywork/healthcare/healing arts practice and work with children during the last 5 years.

Therapies used; minimum-maximum clients/week; years in practice, workshops taught, modalities used.

Describe your strengths and challenges as a healing arts professional or a professional working with children.

If you include volunteer work or peer exchange, note it as such.

If you include a cv (Curriculum vitae), please also summarize your experience.

Describe your experience working with pregnant parents, babies and children (your own, others, professionally).

Craniosacral training and experience:

- Training in the fluid tides with teacher's name, dates and length of the training. Indicate if you have received an RCST or BCST.
- Training in other cranial sacral modalities with teacher's name, dates, and length of training.
- Experience teaching or assisting craniosacral courses: introductions or trainings, Specify modality, length of trainings, teacher.
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- Amount of time using craniosacral work in your professional practice.

Describe your health condition & recent medical history, including any current medications for physical and/or mental health.

Are you able to commit to all 5 and a half days of all 8 modules including being ready to start on time the first day and staying until the end on the last day?

Are you willing to abstain from alcohol from the day before the start of each module through the end of each module?

Is your lifestyle nicotine and recreational drug / ceremonial drug free and can you commit to remaining that way for the 4 years from now through the end of the training?

Are you using medical marijuana? ____ If yes, please indicate how often and the reason for its use.

Are there any challenges for you to take the training?

Please let us know how you will be paying the deposit of 1000 A Dollars. Let us know the date as well when the transfer is sent.

From Australia:	BSB 087-007
	Account number419526159
From outside Australia:	BIC/SWIFT Code: NATAAU3303M (Australia does not a use IBAN)
	BSB 087-007
	Account number 419526159
	Bank details: NAB Bank, 76 Liverpool St, Hobart TAS 7000, Australia
	Gitte Virkmann Larsen
	137 River View Rd
	Scamander, TAS 7215, Australia

Please, indicate if you have taken a womb surround process workshop (or more) with an approved womb surround facilitator, the dates and the facilitator's name. _____

If you are applying after taking a womb surround from an approved womb surround facilitator other than Ray/Mary/Tara/Gitte/Carme, write below: "I give permission for Mary, Tara, Gitte or Carme to talk to_____." (the approved process workshop facilitator)

Print name: _____

Signed _____

Date _____

(you can 'sign' your name by typing it into the application form)