**Application to the 2018 Santa Cruz CA**
**Pre and Perinatal Professional Training**

The application process is designed to help us support you in your educational growth as a healing-arts professional. Our interest is to know more about you in order to determine if the Professional Training is appropriate for you at this time. Class size will be limited. Myrna will have a ratio of support of at least 1:3 including herself and her assistants. All information will remain confidential. Use your own paper for other questions.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Licenses, etc RN, MSW, RCC etc.)

Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Province/Sate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postal/Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone (work)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family/Relationship (married/partnered, children)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **References**

Name of my “Pre requisite” Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Teacher’s phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State or Country\_\_\_\_\_

Healing arts professional(s) other than my craniosacral/SE teacher I’m asking to write a letter of recommendation (must have 2 if haven’t yet taken both a c/s/SE class and/or a process workshop). If you have, one is sufficient.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission for the two or three people above and any others I may add to speak with Myrna Martin concerning my abilities to benefit from and apply myself to the Prenatal/Birth/Attachment Professional Training.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Commitment**

If accepted into the Professional Training, I am able to commit to attending all 50 days of the 10 modules, arrive by registration times, each scheduled start time and leaving the site no sooner than ending time.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Continue to next page and complete the required questions**

**QUESTIONNAIRE**

**(Enter your response after each question or answer them on a new sheet with matching letter sequencing.)**

* 1. Name:
	2. Describe your reasons for applying for this training & how you plan to use what you learn.
	3. Make a statement that describes your level of commitment to working in the pre and perinatal field.
	4. Which population is of most interest to you: adults, children, babies, or families?
	5. Current and past therapies used for physical and mental/emotional health. Describe extent of current work (weekly, as needed, workshops, etc).
	6. Have you ever been convicted of a crime? If yes, give details.
	7. Resume of professional training and experience. Include ALL of the following:
		1. Formal education including titles, dates, location, etc.
		2. Professional qualifications (e.g., certificates for trainings, licenses, professional associations of which you are a member.
		3. Training in anatomy physiology, counseling skills, bodywork, prenatal and birth work, trauma resolution and other healing arts. (include teacher, title of courses, dates, # days / hours, and name certificates, degrees)
		4. Training and experience in other fields. If you have a resume of non-healing arts training and experience, please send it.
	8. Craniosacral/SE training and experience
		1. Training in biodynamic craniosacral therapy, or other c/s therapy, or SE or Somatic Trauma Resolution, with teacher’s name, dates, and length of training.
		2. If you do craniosacral work give estimated number of sessions given using c/s work in some form (weekly, monthly or yearly).
	9. Description of the nature of your professional practice
		1. Therapies used; clients/week; years in practice,
		2. Describe your strengths and challenges as a healing arts professional/child and family professional.
		3. If you include volunteer work or peer exchange, note it as such.
	10. Experience with pregnant parents, babies and children, adults (your own, others, professionally)