

# **Application to the Nelson, B.C. Prenatal/Birth/Attachment Training October, 2009**

## **Contacting us**

**Let us know if you are planning to apply.** Please let Myrna know by return email if you are (a) planning to apply, (b) considering it or (c) won't be applying for this training. If yes, tell us when you expect we will receive the application.

**Mail application to:** Myrna Martin, 1502 Stanley St., Nelson, BC, V1L 1R3. Faxed and emailed applications will be accepted as complete when a hard copy with a photo is received. Responses will be sent after all hard copies are received. The letters of recommendation should be mailed or faxed by the recommender directly to the above address, not returned to the applicant.

**Questions:** For all logistical or content questions contact Myrna via email or telephone.

## **Prerequisites to applying**

- A minimum of one Process Workshop.
- A commitment to abstain from alcohol, nicotine and any other recreational drugs the day before and during all workshops and training modules including breaks & evenings is required.
- Anyone who uses nicotine must have a commitment to themselves and the people they work with that they will be nicotine free from the time of application through completion of the Professional Training and must have the intention to abstain after the training ends. One exception is the use of tobacco in sacred ceremonies.

The Professional Training Program includes  
(These are also graduation requirements):

1. Training Modules: We ask for a clear commitment to attending all five days of all ten modules.
2. Attend a total of 4 Process Workshops with Myrna, or another Castellino certified process workshop leader. We will give you a list of those certified to offer Process Workshops:
  - Two of these Process Workshops must be with Myrna.
  - The Process workshops you took within three years of the Professional Training beginning count towards the total of four pw required.
  - At least one process workshop must be taken after Module One.

3. Completion of Creative Home Projects between modules.
4. Communicating with other trainees between modules for peer support.
5. A minimum of a 5-day introduction to fluid tide cranial sacral work as taught by an approved teacher of the CSTA-NA. It is recommended that you do this BEFORE starting the Professional Training. Please inquire if you need a list of approved teachers or courses available.

## **Application to the Prenatal/Birth/Attachment Professional Training**

Applications will be considered when all of the following have been received. If you have not taken your first process workshop, you can send the application information now. We may give provisional acceptances based on your application. Final decision will be made after you've taken a process workshop.

- 1) Photo [prefer solo, can include other people] with your name and date on back.
- 2) \$100 application fee.
- 3) Contact Information Sheet: Fill in sheet with contact information including permission from you for Myrna to talk with your cranial sacral teacher and the person(s) you ask to write a letter of recommendation. (see separate sheet).
- 4) "Recommendation Form" from a biodynamic c/s teacher mailed directly to us. In lieu of an attached letter, they may talk with Myrna by phone. If you have not yet taken a biodynamic c/s course when applying, then send TWO letters of recommendation plus give permission to talk to the c/s teacher if you have scheduled a workshop.
- 5) "Recommendation Form" and attached Letter of recommendation from a teacher or colleague who is a professional in the healing arts or in the field of children and families. Give the recommender the enclosed form to be returned directly to us with a letter.
- 6) If you are taking your first process workshop AFTER applying, please send 2 letters of recommendations AND sign the form giving us permission to talk with your references and your c/s teacher if applicable.
- 7) On a separate piece of paper, include the following information (Use lettering and numbering as below):
  - a) Name
  - b) Describe your reasons for applying for this training & how you plan to use what you learn.
  - c) Make a statement that describes your level of commitment to working in the prenatal/birth/attachment field.
  - d) Which population is of most interest to you: adults, children, babies, or families?
  - e) Current and past therapies used for physical and mental/emotional health. Describe extent of current work (weekly, as needed, workshops, etc).
  - f) Have you ever been convicted of a crime? If yes, give details.
  - g) Resume of professional training and experience. Include ALL of the following:
    - i) Formal education including titles, dates, location, etc.

- ii) Professional qualifications (e.g., certificates for trainings, licenses, professional associations of which you are a member. Send copies of certificates if available.)
- iii) 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 copies of certificates, degrees)
- iv) Training and experience in other fields. If you have a resume of non-healing arts training and experience, please send it.
- h) Craniosacral training and experience
  - i) Training in biodynamic craniosacral therapy, with teacher's name, dates, and length of training.
  - ii) Training in other cranial sacral modalities with teacher's name, dates, and length of training.
  - iii) If you do craniosacral work give estimated number of sessions given using c/s work in some form (weekly, monthly or yearly).
- i) Description of the nature of your professional practice
  - i) Therapies used; clients/week; years in practice,
  - ii) Describe your strengths and challenges as a healing arts professional/child and family professional.
  - iii) If you include volunteer work or peer exchange, note it as such.
- j) Experience with pregnant parents, babies and children (your own, others, professionally)

Location: The 10 5-day modules of the training will be held at the Kutenai Institute of Integral Therapies, 1502 Stanley St., Nelson, BC, Canada

### **Costs**

Tuition for 10 modules of the Profession Training  
 Total cost is \$6000 CA. An additional \$100 deposit is required with your application forms. Once your application is accepted you will be sent a trainee contract to sign. When this signed contract is returned you will pay a \$150 deposit to secure your place in the training, which will be non refundable (this fee will be used to purchase a cloth doll and pelvis for you with no charge. The remaining \$6000 of the tuition will be due in \$600 payments on Sept. 22, '09, \$1000 on Jan. 1, '10, and \$400 one month before each module in 2010 occurs, \$800 on Jan. 1, 2011 and \$400 due one month before each of the next modules begin.

#### **Accommodations and Food:**

Each participant will be responsible for this. If you are from out of town please contact Myrna for information.

**Process Workshops and Craniosacral Introduction Course** costs are not included in the tuition for the 10 modules of the Professional Training.

**Upcoming Process Workshop availability:** Priority will be given to students applying for the training.

## Dates and Deadlines

With Oct. 09 fast approaching, I'm hoping those of you who want to apply will be able meet the deadlines and enjoy the process. It is your opportunity to tell us more about yourself.

The purpose of the deadline is to encourage you to apply as soon as you know you are interested. If you are planning to apply but don't have everything together by the due dates, please contact Myrna and let us know where you are in the process.

Your application deadline and your contract deadline are dependent on when you complete the prerequisite process workshop. **We will take applications now both from those who have completed a process workshop and from those who have not yet done so but are scheduling to take one before the training.** If you have not taken a process workshop, we may give you provisional acceptance and hold a place for you until 2 days after your process workshop to give both you and Myrna time to make a final decision. We will accept people until we have a full class, giving priority to professionals who are currently working with children and families. If you are committed to taking a process workshop and are sure you want to take the training, please apply now.

Applications will be processed once all documents/photo//permission to talk to your c/s teacher, or other references and recommendation form(s) and letters have been received AND reviewed by Myrna. Applications will be processed as they arrive, so we welcome their arriving before the various deadlines.

We are leaving a 44-week gap between application due date and contract date to allow us time to mail you the contract and you to return it. We can email the contract for you to look once we receive your application, but we also need to mail it because we will sign it and those accepted need to sign it before returning it.

**Deposit and Signed Contract Due.** The non-refundable application deposit is \$100. The remaining \$1500 deposit is due with the signed contract. Please speak with Myrna if you require a payment plan for the deposit. We are hoping to be able to offer some small scholarships but we do not have the funding in place so there is no guarantee.

Who	Application Due	Contract Due	Deposit & Contract Due
When application form is received, reviewed and applicant is accepted	Contracts will be mailed within 3 weeks		Three weeks after contract is mailed to you (speak to Myrna if you require a payment plan for the deposit)

Those who have taken a Process Workshop (PW) but not yet submitted complete applications	Deadline for applications is July 15, 2009 or until the class is full, Suitable applicants will be guaranteed spaces are they apply. Maximum participant number is 21 (please send your application in earlier if possible)	Three weeks after notification of acceptance, or Sept. 30, 2009 (whichever is sooner)	3 weeks after notification of acceptance or Sept. 30, 2009 (whichever is sooner)
Those taking PW in Oct, '09	Within one week	Contract will be mailed immediately after PW	"within one week of contract being received

### **Times for the 10 ~ 5 day modules**

#### Day One:

8:30 a.m. check-in with other students, get organized time

9:00 a.m.: Class begins on time.

5:30pm: end of class

#### Day Two- Five

8:45 am: arrive in seminar room for informal connection

9:00 be seated, ready to start seminar

approx. 12 Noon – 1:30 p.m. lunch

5:30pm end seminar,

*Classes will run Thurs. through Monday. On Friday evening we will have a film night, 7-9 pm where we will relax and watch related films.*

### **Commitment to arriving on time and staying until the end**

The training is designed so that each module has a distinct beginning, middle and ending. Each part of the training is designed to develop important practitioner skills with relationship to tracking early imprint sequences. The beginning of each module sets the tone. The ending period is designed as an integration time. Myrna therefore asks that participants commit to being present for all classes. This means arranging transportation to arrive by the early evening before the training starts or by 8:30 am the

morning of the first day and leaving after 5:30 p.m. on the last day. During the workshop this means arriving in the seminar room at the designated time in the morning and after lunch and staying each day until the lunch break or end of the day. Your presence supports everyone and we appreciate your tracking the time and making the commitment.

### **Getting to Nelson, BC**

A map, directions & more detail about places to stay will be sent to those accepted who are from out of the area. Please email Myrna if you have questions or concerns about this.

### **Making up missed Training due to Emergencies**

We have a plan detailed in the contract that involves reviewing the material of the module before returning to class, writing up an assignment on the missed material, and attending the missed module with the next training group. This is for unforeseen emergencies. We cannot accept anyone who knows that they will miss any training time. If someone needs to miss a module or part of a module due to an emergency there is a maximum number of 5 days missed in total if you are to graduate. Please discuss this with Myrna if you have any questions.

## Application to the Nelson, BC Prenatal/Birth/Attachment 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 1:4 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 \_\_\_\_ Postal Code \_\_\_\_\_

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

Phone (cell) \_\_\_\_\_ Fax (home or work?) \_\_\_\_\_

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

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

### References

Name of my Biodynamic Craniosacral Teacher \_\_\_\_\_

Teacher's phone number \_\_\_\_\_ State or Country \_\_\_\_\_

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

Name \_\_\_\_\_ Phone \_\_\_\_\_ Place \_\_\_\_\_

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

Name \_\_\_\_\_ Phone \_\_\_\_\_ State \_\_\_\_\_

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 \_\_\_\_\_

# Pre and Perinatal Professional Training

## Recommendation Form

Applicant \_\_\_\_\_

Applicant, please complete this portion prior to submitting it to the recommender.

- Required. I give permission to the recommender to speak with Myrna Martin if needed regarding my ability to benefit from and apply myself to this training.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

- Recommended but not required: I waive the right to view this letter and form of recommendation.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**Recommender** Please complete this portion below and include with a letter of recommendation. If you would like more information or a copy of the Training Brochure please contact us.

Recommender's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone(s) \_\_\_\_\_ email \_\_\_\_\_

Profession \_\_\_\_\_ Degrees, Licenses or Trainings \_\_\_\_\_

What is your relationship to the applicant? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ How well do you know the applicant? \_\_\_\_\_

*Please complete this evaluation and send it with your letter of recommendation DIRECTLY to: Myrna Martin, MN, RCC, RCST®; 1502 Stanley St., Nelson, BC, V1L 1R3*

Email: myrna@myrnamartin.net Telephone: 250 352 1655

	Out standing	Excellent	Good	Average	Below Average	Unable to evaluate
Character and Integrity						
Interpersonal skills						
Respectful of others						
Ability to work with others and in teams						
Ability to work independently						
Receives coaching well						
Has clear interpersonal boundaries						
Takes responsibility for own actions & impact						
Keeps time commitments						
Keeps financial commitments						
Follows through with other commitments						

Recommender's Signature \_\_\_\_\_ Date \_\_\_\_\_