**Mindfulness and Compassion Dharma Based Teacher Training**

**Application Form**

This is a professional teacher training program and as such a level of prior experience in meditation and mindfulness practices is required in order to be admitted.

You are eligible to apply if you have completed the following prerequisites:

* 1. Practiced meditation for a minimum of **two years** and maintained a regular practice
	2. Have attended at least **three** 5 or 7 days meditation retreats in the style of Insight or Vipassana meditation.
	3. Desirable but not essential - currently involved or will soon be involved in a teaching role in allied modalities such as yoga, health, fitness, social work or counselling.

Other experiences which would support your application, such as:

* + Have attended the 8 week MBSR program or MBSR teacher training
	+ Participated in the Power of Awareness on line program with Tara Brach and Jack Kornfield
	+ Have taken the Entering the Path 12 week course at the Barre Centre of Buddhist studies
	+ Have done the Compassion Training with the Compassion Mind foundation

# Program dates - February 2019 to November 2020

# Personal details:

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| --- | --- | --- | --- |
| **Name:** |       | **Gender:**       | **Age:**       |
| **Address:** |       |
| **Email:** |       |
| **Phone**: | Mobile:       | Home:       |

# Contact in case of emergency during weekend modules:

|  |  |
| --- | --- |
| **Name:** |       |
| **Relationship:** |       | **Phone contact:**       |

# Occupation and/or life situation, are you currently involved in any teaching roles?

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# Current and past meditation practices:

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# Retreats attended:

|  |  |  |  |
| --- | --- | --- | --- |
| **Tradition** | **Teacher** | **Year** | **Length** |
|       |       |       |       |
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# Your intention and purpose for joining the program:

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# Care and Support

During meditation individuals may experience strong physical and psychological states. Please answer all the following questions so we can care for you appropriately.

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| --- | --- | --- | --- | --- |
| **Do you have any current or previous:** | **No** | **Yes** | **If yes, Past?** | **If yes, Current?** |
| Drug abuse or addiction issues (including alcohol) | [ ]  | [ ]  | [ ]  | [ ]  |
| Diagnosis or treatment of a mental illness (psychological or psychiatric) | [ ]  | [ ]  | [ ]  | [ ]  |
| Medical conditions that could require attention, or would affect your participation on the program | [ ]  | [ ]  | [ ]  | [ ]  |
| Are you currently seeing a therapist or councellor?  | [ ]  | [ ]  |
| If so, are they aware you’re intention to join this training?  | [ ]  | [ ]  |

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| Do you have any additional information or comments you would like to convey to the teachers?      |

By checking the box below, I confirm that all of the above information is correct to the best of my knowledge. I will inform the teachers/managers of any change in my circumstances.

 [ ]  **Name**       **Date**

Confirm

Thank you for completing your application form

**Please email your completed form to** Alan Bassal at: [alanGbassal@gmail.com](alanGbassal%40gmail.com)