**Mindfulness and Compassion Dharma Based Teacher Training**

**Application Form**

This is a professional teacher training program and the following prerequisites are required.

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 health, yoga, fitness, group work, social work, conflict resolution, social activism and 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 ‘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 2021 to November 2022

# Personal details:

|  |  |  |  |
| --- | --- | --- | --- |
| **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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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](file:///C:\Users\Alan\Documents\!%20Insight%20Institute\Website%20on%20Weebly\Web%20Content\alanGbassal@gmail.com)