**Application for the 16th Castellino Prenatal & Birth Foundation Training – Somatic Blueprint**

**with Mary Jackson, RN, LM, RCST®, Tara Blasco, PhD, RCST®**

**and Ray Castellino, DC (retired), RPE, RCST® (1 module)**

**GUIDELINES FOR YOUR APPLICATION:**

Please include in your **application**:

* **digital photo**(separate from the application, not imbedded in the Word doc.)
* **A process workshop application**unless you have previously sent a digital copy to Tara Blasco. If you have already sent a digital copy to her, Tara will collate this with your email and forward to the other trainers.
* **This application to the 16th Foundation Training**

Please fill in your form below using **bold** for the answers, leaving the questions in regular font. 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. If you don’t have Word, use a pdf that can be read by macs.

Send these three things: a digital picture of yourself (head shot), this application form and a Process Workshop form if you have not previously sent a digital copy of your Process Workshop application to Tara Blasco at:

formacioncastellinotara@gmail.com

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**APPLICATION:**

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:

Fax:

Email:

Website:

Skype address:

Age and Date of Birth:

Family: Married? Partnered? How long? #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, #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 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.
* Experience teaching or assisting craniosacral courses: introductions or trainings, Specify modality, length of trainings, teacher.
* 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 their any challenges for you to taking the training?

Please let us know how you will be paying the deposit of 1,750 euros (or 1,650 if you wire the deposit before Nov 30th, 2020). Let us know as well the date when the wire is sent.

Formación Perinatal S. L.:

IBAN: ES54 2100 0974 8102 0012 3799

SWIFT CODE: CAIXESBBXXX

Please, indicate if you have taken a womb surround process workshop (or more) with a certified womb surround facilitator, the dates and the facilitator’s name.\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are applying after taking a womb surround from a certified womb surround facilitator other than Ray/Mary/Tara, write below: “I give permission for Ray, Mary and Tara to talk to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.” (the certified process workshop facilitator)

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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