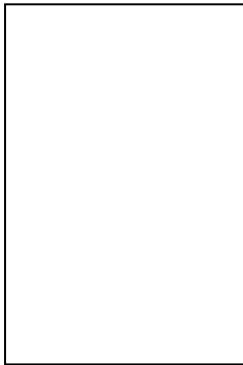


**Karuna Institute**  
**Application for the Two-Year Professional**  
**Training in Craniosacral Therapy**



**Name** .....  
*(This has to be your legal name and this will appear on all Certificates and cannot be changed subsequently)*

**Address** .....  
.....

**Telephone Number(s) : (home) :** .....

**Photo**

**Work Telephone:** .....

**Email address:** .....  
*(please attach a passport sized photograph in the area above)*

**Please Print Clearly (or Type)**  
If any answers need more space please attach as necessary

**Profession:** .....

**Age:** ..... **Date of Birth:** ..... **Gender:** M / F *(please circle)*

**Family/Relationships:** (married/partnered, children) .....

**Formal Education: Education, Degrees and Trainings:**

Degrees/Certificates                  Completion Date                  Length of Training (hours/months/years)

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.....  
.....  
.....  
.....

**Professional Qualifications:** (e.g. Association registration etc.) : .....

.....  
.....  
.....

**Description of Professional Practice:** (nature of Practice, clients per week, years in Practice)

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**Training in Anatomy and Physiology** (course, hours of tuition): .....

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**Previous Craniosacral Therapy Training**

<b>Course</b>	<b>Length of Course and hours of Tuition</b>
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**Health Profile:**

**Current State of Health** (illnesses, Symptoms): .....

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**Birth History and Childhood** (any known details, any relevant history): .....

.....

.....

**Current and Past Medication,**

Prescribed Drugs, Recreational Drugs (including alcohol/amount per week) : .....

.....  
.....

**Medical History:**

**Physical** (physical illnesses, accidents, falls, etc.):.....

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**Psycho-emotional:** (psychiatric, psychological processes that affected your functioning or well being):

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**Hospitalisations, Surgery:** (For physical or psychological reasons):.....

.....  
.....  
.....

**Mental Health:** Please give details of any past or present mental health conditions you have had, and particularly ones involving psychiatric support: .....

.....  
.....  
.....

**Disabilities/Learning Difficulties:** Please give details of any physical disabilities, or specific learning difficulty (such as dyslexia):

.....  
.....

**Current Therapy:**  
(current therapeutic modalities that you are experiencing as client/patient):.....

.....  
.....  
.....  
.....

**Past Experience of Therapies**  
(modalities that you have experienced as client/patient): .....

.....  
.....  
.....  
.....

**Criminal Convictions:** Please give details of any criminal convictions you have : .....

.....  
.....  
.....

**Sex Offenders' Register:** Are you on any List or Register of Sex Offenders? If so, please give details:

.....  
.....  
.....

**Any other relevant information** *(please continue on a separate sheet if necessary):*

### **Purpose of the Training**

- To provide an in depth understanding and appreciation of the principles of the Primary Respiratory and Craniosacral Systems
- To provide an in depth understanding and appreciation of the unfoldment of the Breath of Life and its ordering and healing functions in the human system
- To be able to apply these principles clinically
- To convey and teach clearly defined palpation skills with the ability to apply these skills in a clinical context
- To graduate skilled, safe and therapeutically effective practitioners

### **Application Requirements**

#### **Application Process**

The professional training course is ideally suited for practitioners in orthodox or complementary fields of medicine or therapy, although suitable students without a practitioner background are also eligible for admission. Knowledge of anatomy and physiology is a requirement. If applicants do not have a suitable A&P background, then Anatomy and Physiology courses can be undertaken at the same time as the professional training. Experience in some form of body-oriented therapy is recommended. Places in the course are limited. A personal interview at Karuna will be required if distance permits, otherwise Skype or phone interviews will be available. Admission is at the discretion of the tutor team.

#### **Required**

- Submission of the Institute's application form for the training in Craniosacral Biodynamics.
- Ideally, practitioner status in orthodox or complementary fields of medicine or therapy *but we do accept applicants who do not have practitioner status depending on their individual circumstances.*
- A sound training in and knowledge of anatomy and physiology (extra tuition may be required of you if your anatomy and physiology is not up to practitioner standards).
- Understanding of pathology and symptomology (extra tuition may be required of you if you have no experience in this area).
- An interview will be required.

#### **Highly Recommended**

- Experience in a body oriented therapy form.
- Personal experience of Craniosacral Therapy.
- Experience of other holistic/complementary forms of therapy.

#### **Financial Obligations**

I understand that once I have been accepted for the training, if I withdraw before the start of the course, my deposit is non-refundable. I understand that I am committing to the entire training programme and its tuition fees. All instalment payments during the training period are non-refundable.

I wish to enrol on the Craniosacral Biodynamic 2-year training course and I enclose my non-refundable application fee of £30. I understand that the full fee for the Craniosacral Biodynamic Training **Residential** is £..... (*please insert*)

Upon the offer of a place on the course, a non-refundable deposit of £..... (*please insert*) will become due. Confirmation of a place cannot be made until the deposit has been received. I accept the Course Booking Conditions received with this form. Your place will only be confirmed if you accept the offer in writing and send by the indicated date, together with the signed and dated Training Contract, deposit for Year 1 of the Training, and the white copy of the training fees invoice signed and dated.

Signed ..... Date .....  
Name (BLOCK CAPITALS PLEASE).....

When completed, please send this form by **regular mail only** to:

Jacqui Aplin, The Administrator, Karuna Institute, Natsworthy Manor, Widecombe-in-the-Moor,  
Devon, TQ13 7TR

## **Equal Opportunities Form**

Please complete the Equal Opportunities form sent to you with the application pack and return to the Institute.

Please tick the method you are using.

- I have enclosed my completed Equal Opportunities Form with my application.
- I am sending my Equal Opportunities form separately

## **How did you hear about the Karuna Institute?**

Please tick as applicable:

- Web search engine (please specify) .....
- Link on another website (please specify) .....
- Recommendation
- From Karuna email
- Press article (please specify) .....
- TV programme (please specify) .....
- Advertisement in:
  - Breathing Space
  - BACP Therapy Today
  - BACP Training journal
  - Fulcrum
  - Other (please specify) .....

**Karuna Institute**  
**Booking Conditions for**  
**Training Courses and Seminars**

1. Bookings for courses or seminars should be made in writing using the booking form available.
2. Places are only booked following receipt of the required deposit paid in £(sterling) and/or the administration fee as published.
3. All deposits and administration fees are non-refundable in all circumstances.
4. If the course is cancelled by the Karuna Institute for whatever reason our liability shall be limited to the refund of deposits to those booked on to the course or seminar concerned and no liability shall be held to any other party or for any other costs incurred by the student.
5. All cancellations must be in writing.
6. In confirming acceptance of the place offered on any course or seminar, the student is thereby undertaking responsibility for the payment of the course fees in full and for making payments on the specified due date(s).
7. In the event of cancellation of a place after an acknowledgement has been sent to the student, fees become due as follows :-  

within 2 months (8 weeks) of the course start date : **Full Fees**  
within 2-3 months (12 weeks) of the course start date : **50% of fees due**  
Beyond 3 months : **no further payment is due**
8. All payments to Karuna Institute for fees and all refunds to be made in £(sterling).
9. Karuna Institute reserve the right to alter dates, staffing or venues due to unforeseen or exceptional circumstances and there will be no liability to any party for costs.

**Data protection:**

Please note that if you are accepted onto a Karuna Institute Course, your contact details will be distributed on a participant list prior to the start date, but only to students and Training Staff. We NEVER release details of our students to outside organisations or individuals without their permission to do so.

If you do **not** wish your details to be circulated to the other participants of your course, please tick here

\* please delete as appropriate

# Karuna Institute

## Equal Opportunities Monitoring Form (Craniosacral Biodynamics Training)

The Karuna Institute, in keeping with its Buddhist roots and cross cultural perspective, values diversity and is continually striving to address both direct and indirect discrimination, whether by reason of race, gender, class, age, spiritual or faith orientation, disability or sexual orientation. The Institute is continually aiming to improve its procedure and systems in this area. To help us implement this commitment, please complete the following questionnaire and return this form the Institute.

### Personal Details of Applicant

1) **Age:** 26-30  31-40  41-50  51+

2) **Gender:** Female  Male

3) **Race and Ethnicity:**

Please tick one of the following:

#### White

English

Scottish

Irish

Welsh

Any other White background, please state \_\_\_\_\_

#### Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed background, please state \_\_\_\_\_

#### Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background, please state \_\_\_\_\_

#### Black or Black British

Caribbean

African

Any other Black background, please state \_\_\_\_\_

#### Chinese or other ethnic group

Chinese

Other, please state \_\_\_\_\_

4) **Disability:**

a) Do you consider yourself to have a disability?

Yes       No

b) If yes, how would you describe your disability?

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c) Are you on any any disability register?

Yes       No

d) If you have a disability, have you disclosed this to Karuna?

Yes       No

5) **Sexual Orientation:**

Would you describe yourself as:

Bisexual

Gay

Heterosexual

Lesbian

6) **Religion or Spiritual Belief:**

Buddhist

Moslem

Christian

Sikh

Hindu

Atheist

Jewish

Agnostic

Humanist

Other – please specify \_\_\_\_\_

7) **Please indicate where you live:**

London

Yorkshire and the Humber

North East

Wales

West Midlands

Scotland

East Midlands

Ireland

North West

Europe

South West

Overseas

South East

Please return this form, **unsigned**, to:

**Karuna Institute, Natsworthy Manor, Widecombe-in-the-Moor, Devon TQ13  
7TR**