Stand: 2-11-2020

 **Institute for Mindfulness-Based Approaches**

**In cooperation with**

****

Personal Information Form (Nor\_6)

MBSR Teacher-Training Program

In Norway

Start: Beginning October 2021

|  |
| --- |
| **Dear Applicant,** To prepare for the interview, we ask you to fill out this personal information formDuring the interview, an IMA senior trainer will review your answers in this form. Together you will explore whether the MBSR teacher-training program is appropriate for you in terms of your interest and goals.Our trainer will also explore if you fulfill the participant requirements or some additional preparation needs to be done.And there is time to address questions and other themes that were not covered in the online meeting.Cost: for the personal interview:€ 50 for a 30-minute interview, payable in advance.The interview fee will be deducted from your course tuition should you decide to enroll in the training programRegistering for a Personal Interview:Step 1: Please fill in this personal information formStep 2: Please send the form and transfer your Euro 50,- payment to our bank account (see last page of this form for bank details)Step 3: Once your form and payment have been received, we will schedule an interview with you per Skype. *Please fill in the form on your computer.*  ***This form is NOT the formal enrolment for the training program itself.***  *The enrolment contract for the training program will be sent to you* ***after*** *the personal interview.*  Please return this form to Creationwork:  **Email: info@creationwork.org**  **Please Note**: The information on this form will be used to assess your application should you choose to apply to the MBSR teacher training.  **It is in your own interest to answer all questions as fully as possible.** |
|  |

Personal Information Form (Nor 6)

MBSR Teacher-Training Program at Sandvika near Oslo beginning October 2021

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Personal Details | | | | | | | | | |
| **Name** |  | | | | | | | **Title** |  |
| **First Name** |  | | | | | | | **Age** |  |
| **Address** |  | | | | | | | | |
| **Post Code and/or City** |  | | **Country** | | | | | | |
| **Phone** |  | | | **Fax** | |  | | | |
| **Mobile** |  | | | | | | | | |
| **E-Mail** |  | | | | **Website** | |  | | |
| Profession / Education | | | | | | | | | |
| **Profession / Position** | |  | | | | | | | |
| **What kind of work do you do?** | |  | | | | | | | |
| **Studies, Diplomas, Certification** | |  | | | | | | | |
| **Professional Accreditations** | |  | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Experience | | | | | | | | | | | | | | |
| **Do you have experience with Yoga?** | | | | | | | Yes | | | | No | | | |
| **Please describe how long you have practiced and what form of yoga:** | | | | | | | | | | | | | | |
| **Experience with another form of meditative movement**  (For example: Tai Chi, Qigong, Aikido, martial arts, meditative dance, etc.) | | | | | | | Yes | | | | No | | | |
| **Please describe how long you have practiced and what form:** | | | | | | | | | | | | | | |
| **Do you have experience in leading groups?** | | | | | | | Yes | | | | No | | | |
| **When yes, please give a brief outline of your experience:** | | | | | | | | | | | | | | |
| **Are you familiar with MBSR either through reading**  **about it or practicing it yourself?** | | | | | | | Yes | | | | No | | | |
| **Have you taken part in an 8-week MBSR course?** | | | | | | | Yes | | | | No | | | |
| **If so, dates and location** | | | | | | | | | | | | | | |
| **Name of Teacher (and web site) of MBSR course:** | | | | | | | | | | | | | | |
| **Have you read the following books?**  - *Full Catastrophe Living* by Jon Kabat-Zinn | | | | | | | Yes | | | | No | | | |
| -Mindfulness-Based Stress Reduction by Linda Lehrhaupt and Petra Meibert | | | | | | | Yes | | | | No | | | |
| **Do you teach MBSR?** | | | | | | | Yes | | | | No | | | |
| **If yes, how many MBSR courses have you taught, when and where?** | | | | | | | | | | | | | | |
| **Do you currently offer mindfulness as an approach where you work?** | | | | | | Yes | | | | No | | | |
| **If so, please give brief details:** | | | | | | | | | | | | | |
| **Please give brief details of the events you have attended that have to do with Mindfulness (year, subject, name of presenter):** | | | | | | | | | | | | | |
| **Do you currently have physical or mental health issues in your life that may influence your participation in the teacher training?** | | | | | | Yes | | | | No | | | |
| **If so, please give brief details:** | | | | | |  | | | |  | | | |
| **Personal Mindfulness Practice** | | | | | |  | | | |  | | | |
| **Do you have a mindfulness practice?** | | | | | | Yes | | | | No | | | |
| **If so, how many years have you been practicing mindfulness?** | | | | | | | | | | | | | |
| **With whom and/or where did you learn mindfulness?** | | | | | | | | | | | | | |
| **How regular is your mindfulness practice?**  e.g. Please state how many times you practice per week. | | | | | | | | | | | | | |
| **Do you regularly practice in a formal meditation tradition?** | | | | | | Yes | | | | No | | | |
| **If so, in which tradition?**  e.g. Vipassana, Zen, Christian Contemplation, Dzogchen, Yoga, etc. | | | | | | | | | |  | | | |
| **How many years have you been practicing in this tradition?** | | | | | | | | | | | | | |
| **Do you have a meditation teacher?**  **Name of your teacher:** | | | | | | | | | Yes | | | | No |
| **Retreat Participation** | | | | | | | | | | | | | |
| **Have you taken part in a silent meditation retreat of at least five days?** | | | | | | | | Yes | | | | No | |
| If so **please list retreats and the number of days of each retreat** you have taken part in within the past 5 years: | | | | | | | | | | | | | |
| **From** (DD/MM/YY) |  | **To**  (DD/MM/YY) | **Meditation tradition**  (Zen, Vipassana, Contemplation, Mindfulness, Yoga, Dzogchen etc.) | **Place** | **Silent Retreat**  (Yes, No, partial) | | | **Teacher** | | | | **Duration** (days) | |
|  |  |  |  |  |  | | |  | | | |  | |
|  |  |  |  |  |  | | |  | | | |  | |
|  |  |  |  |  |  | | |  | | | |  | |
|  |  |  |  |  |  | | |  | | | |  | |
| Motivation to Participate in the Training Program | | | | | | | | | | | | | |
| **Please answer the following two questions on a separate page**.  Please be sure to include your name and Email address at the top of the page.  **This information is important in our consideration of your application to the training program.**  It is in your interest to write in detail so that we may accurately assess your application.  Please do not worry about your skill level in English. We understand that English is probably not your mother tongue and naturally we make allowances for that. | | | | | | | | | | | | | |
| 1. Why do you want to teach MBSR? | | | | | | | | | | | | | |
| 2. Please describe your meditation practice and the role it has played in your life | | | | | | | | | | | | | |

**Date & Place**: .......................................................................................................

**Signature:** .............................................................................................................

|  |
| --- |
| **Please return this form to us per Email:** info@creationwork.org |

**Registering for the Training Program after the Personal Interview**

##### Step 1: After the interview, we will send you an enrolment contract if you fulfill the requirements and/or you ask us to send you one.

##### Step 2: If you decide to register, please return the enrolment contract to us and transfer the first payment of Euro 1866,-. (The 50.- euro are deducted)

##### Step 3. We will confirm receipt of your enrollment form and payment. We will also send you information about how to travel to the seminar location and how to prepare for the training through recommended reading, etc.

##### Step 4. Two months before the start of the program we will send you more information about the beginning of the training.

**Deadline for Registration**

##### Enrolments will be accepted in the order in which they arrive in the Creationwork office. Once the training places are filled, applicants will be put on a waiting list.

**Contact**

**For all questions and further information, please contact us:**[**info@creationwork.org**](mailto:info@creationwork.org)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Payment of Interview Fee:**  Please forward your Euro 50,- payment for the interview when you send in this personal information form.  Bank Information   |  |  | | --- | --- | | Account nr: 86016457800 |  | | IBAN : | NO1286016457800 |  | | BIC (SWIFT-adresse) | DABANO22 |  |   Name of Account Holder: Creationwork (Please only use this name)  The interview fee must be received by us before an appointment for a personal interview can be made. |