**Mindfulness Practitioner Training Programme (PTP)**

**Application Form 2022**

**Thank you for your interest in the Mindfulness PTP at Mind in Salford. Applying for the programme involves:**

1. A completed **Application Form**
2. Once we have received your form we will invite you for an **informal zoom** **chat** so we can explain more about the programme, you can ask questions, and together we can establish whether the PTP course is the right course for you at this time.

**Contact details**

**Full Name­­­­­­:**

**Date of Birth:**

**Mobile:**

**Address:**

**Job Title:**

*(where relevant)*

**Email:**

**Are you applying for an in-person place or online via zoom?**

In-person **Yes/No**

Online **Yes/No**

**STEP 1: Your commitment to the Practitioner Training Programme**

Please **read the prospectus** and fill in the form below. If you need to discuss or clarify any of the content prior to completing this form please get in touch.

1. This programme requires a significant commitment over a 12 month period. Are you able to commit to attending all nine contact days, making time for daily personal mindfulness practice, reflective diaries, teaching two 8 week MBSR courses, attending regular supervision and submitting programme assignments?

**Yes / No**

Any other comments:

1. Have you completed an 8 week mindfulness course either MBSR, MBCT, MBLC, Breathworks? We cannot accept your application unless you have completed a course. Get in touch if you haven’t as we can help you find one.

**Yes / No**

Any other comments:

1. It is not advisable to start the programme if you have recently experienced emotionally difficult life events such as a relationship breakdown or bereavement. With this in mind, do you think this will be a good time to be committing to a programme such as this?

**Yes / No**

Any other comments:

**If you have answered ‘yes’ to questions 1 -3, please proceed to STEP 2.**

If you have answered ‘no’ please contact our Mindfulness Coordinator Lilasuri Morris for a further discussion: E: [lilasuri@mindinsalford.org.uk](mailto:lilasuri@mindinsalford.org.uk)

**STEP 2: About You**

1. Do you have any physical difficulties that might make sitting, standing, walking or doing any simple exercises difficult for you?

**Yes / No**  If ‘yes’, please tell us about it here:

2. In the last few years have you experienced any mental health issues or concerns such as anxiety, depression or significant stress related difficulties?

**Yes / No** If ‘yes’, please tell us about it here:

3. Is there anything else you think it would be helpful for the teachers to be aware of?

**STEP 3: Financing your Placement**

**Please tick/ make a mark in the first column against the appropriate box:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Individual** | £2,400 | Are you interested in spreading out the cost? **Y/N** |
|  | **Organisation** | £2,900 | Have you received confirmation from your organisation that they will cover the fee? **Y/N** |
|  | **Special Bursary** | - | Specific criteria for eligibility- to be agreed with the Mindfulness Coordinator first |

**STEP 4: Reflective writing** (500-750 words) **on your mindfulness experience:**

Tell us about your personal practice:

* When did you start your mindfulness journey- how long have you been practising for?
* What is your practice - including informal and formal practice; frequency/length and forms of practice eg body scan, movement?

Other reflections on personal practice. Consider things like:

* What is particularly challenging?
* What intrigues you and keeps you motivated?
* How does practice serve you in times of difficulty?

Reflections on personal learning process:

* Please tell us about any experiences of going on retreat, courses, training, teaching and supervision you have received for mindfulness

Lastly:

* Why you want to teach mindfulness and how you plan to use mindfulness in your chosen context, and how does your personal practice integrate with and support this.

**Emergency Contact Details**

Name­­­­

Address

Telephone

**Your GP details\***

Name­­­­

Address

Telephone

I give consent to contact my GP in an emergency.

Signed

(*type in your name*)

Date

***\*Why do we ask for your GP details?***

Doing this type of course offers an opportunity to become more familiar with the full range of day-to-day experiences, including difficulties. The course leader is there to support your learning, and if during the course difficulties arise that seem overwhelming, they will arrange to discuss any concerns with you. If the course leader remains concerned for your immediate health and/or safety, they may need to contact your GP to share that concern.

**Please complete and return your application form to:**

**lilasuri@mindinsalford.org.uk**

*Thank you for your application.*