



2 year Practitioner Training APPLICATION FORM

Applicant Information

Full Name

Date

Address

Phone

Email

Date of Birth

Age

Gender: Male/Female/Other/Prefer not to say *(please Circle)*

Family/Relationships: (married/partnered, children)

A large, empty rectangular box with a thin blue border, intended for the applicant to attach a photo.

In case of Emergency Contact:

(attach photo here)

Current Occupation

Formal Education: Qualifications and Trainings

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

Professional Qualifications/Association Registrations

Training in Anatomy and Physiology: *(details of course(s)/hours of training)*

Previous Craniosacral Therapy Training – if any *(details of all courses including intros)*

Professional Practice

Description of Professional Practice. If in practice, nature of practice, clients per week, years in practice

Personal Interest

Have you received BCST? If yes, how was your experience of this?

What brings you to training in Biodynamic Craniosacral Therapy?

Why have you chosen to apply to Circle?

What do you think makes a good therapist?

What qualities do you have that will make you a successful therapist?

Current Therapy *(current therapeutic forms that you are currently experiencing as a client)*

Experience of Therapies (Modalities that you have experienced as client)

Health Profile

Current State of Health (*illnesses, symptoms*)

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)*

Psycho-emotional *(Psychiatric, Psychological processes that affected your functioning or well-being)*

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, mental disability, or specific learning difficulty (such as dyslexia). Do any of these affect your ability to complete the required homestudy and or be present on the course*

Other Information

Have you been refused entry on or deleted from any Professional Associations *(if yes, please give details)*

Criminal Convictions *Please give details of any current criminal convictions ie. those that have not been expunged*

Sex Offenders' Register - Are you on any list or register of Sex Offenders? *If yes, please give details)*

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

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Purpose of the Training

- To provide an in depth understanding and appreciation of the principles of Biodynamic Craniosacral Therapy, primary respiration, and related perceptual skills.
- 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 within a clinical context.
- To create a holding environment where growth and personal insight may arise.
- To graduate skilled, safe, and therapeutically effective practitioners.

Application Requirements

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 on the course are limited.

A personal interview will be required usually by Zoom.

Admission is at the discretion of the tutor team.

Required

Submission of the 2-year BCST Practitioner Training application form.

A sound training in and knowledge of anatomy and physiology – minimum requirement is 80 hours (extra tuition may be required of you if your anatomy and physiology is not up to practitioner standards).

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 payments including instalment payments during the training period are non-refundable.

I wish to enrol on the 2-year BCST Practitioner Training Course and I enclose my non-refundable application fee of **£75**. I understand that the full fee for the training is **£7850** (if paying in instalments) or **£7600** (if paying in full)

Upon the offer of a place on the course, a non-refundable deposit of **£600** will become due. Confirmation of a place cannot be made until the deposit has been received.

I accept the Course Booking Conditions included 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, financial agreement, and deposit

Signed _____ Date _____

Name (BLOCK CAPITALS PLEASE) _____

When completed, please send this form to:
circlecranio@gmail.com