****

**Oxford Mindfulness Teacher Training Application Form**

**Guidance for completing form**

Before you start completing the form, please save this document onto your local computer. You will be asked to upload the completed form with your online application. The link to the online application can be found [here](https://www.oxfordmindfulness.org/training/find-a-course/). Please do not email the form back to us.

**Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| First name | Click or tap here to enter text. | Family name | Click or tap here to enter text. |
| Email | Click or tap here to enter text. | Telephone number | Click or tap here to enter text. |

*Please answer all of the following questions. We recognise that this is a lengthy application and we appreciate your thoughtful responses. Please support us in reviewing the application by limiting the word count as requested. The training is rigorous, and our applicants come from a wide range of professional backgrounds. These questions help us to get a clear sense of who is applying.*

*For some applicants, it may seem a few of the questions in the latter part of this application involve some repetition of information. If you find that questions ask for information you have already provided, please restate it very briefly or simply write, “see above.”*

**Health Information**

To help us support you on the programme we ask that you let us know if there are any health issues / concerns which might impact on your learning.

Please use the space below to let us know if you have:

* Diabetes Type 1
* Experienced depression in the past 6 months
* Are currently experiencing depression
* Experienced psychotic episode/s in the past
* Experienced a manic/hypomanic episode in the past 6 months
* Deliberately harmed yourself in the past year
* Ever attempted to take your own life
* Ever experienced a traumatic event which is currently affecting you
* Experienced bereavement in the past year
* Any additional learning needs we should be aware of

|  |
| --- |
| Please use this space to let us know if any of the above applies, you can be brief here and if necessary, the trainer will contact you for further information and to discuss how we can support you during the training |

Please use the space below to let us know if you are currently:

* Receiving any psychiatric or psychological treatments
* Taking any medication to support your mental health
* Receiving any talking therapy
* Using alcohol or drugs in order to manage your stress/distress
* Experiencing any life changes (loss of home, job, relationship breakdown, too many work commitments etc.) that may be placing you under additional stress?

|  |
| --- |
| Please use this space to let us know if any of the above applies, you can be brief here and if necessary, the trainer will contact you for further information and to discuss how we can support you during the training |

**Mindfulness Background**

Have you completed a Mindfulness-Based Cognitive Therapy or Mindfulness-Based Stress Reduction course as a participant? [ ] Yes [ ] No

If yes, please give details:

|  |  |
| --- | --- |
| Name of the Programme (MBSR or MBCT) | Click or tap here to enter text. |
| Name(s) of the teacher(s) | Click or tap here to enter text. |
| Organisation/ Location (Please specify whether it was in person or online) | Click or tap here to enter text. |
| Dates | From (dd/mm/yyyy) | Click or tap to enter a date. | To (dd/mm/yyyy) | Click or tap to enter a date. |
| Please briefly describe your experience of this course below. What did you learn? (Max. 200 words) |
|  |

Please tell us about your personal mindfulness practice below.

|  |  |
| --- | --- |
| For how long have you been practicing? (in months or years) |  |
| What practices do you do? |
|  |
| How often and for how long do you typically practice? (For example, 3 times a week for 20 minutes) |
|  |
| Below, please briefly describe any delights, difficulties, or discoveries you have been working with recently in your practice. (Max 200 words) |
|  |

Have you attended any meditation retreats? [ ] Yes [ ] No

If yes, please give details below.

|  |  |
| --- | --- |
| Type of retreat(s) |  |
| Name(s) of retreat lead(s) |  |
| Duration |  |
| Location  | Click or tap here to enter text. |
| Dates | Click or tap here to enter text. |
| Please briefly describe any insights or understandings you have gained from your retreat experience. (Max. 200 words) |
|  |

Please describe briefly your understanding of what mindfulness is and the ways in which it could help with mental health and psychological wellbeing. (Max. 200 words)

|  |
| --- |
|  |

Please describe a book or article you have read about mindfulness and what you found most interesting about it. (Max. 200 words)

|  |
| --- |
|  |

**Goals**

Why do you want to train to become a mindfulness teacher? (Max. 200 words)

|  |
| --- |
|  |

Why do you want to teach MBCT rather than any other mindfulness-based programme (Max. 200 words)

|  |
| --- |
|  |

To what population and in what context or setting do you intend to teach MBCT? (Max. 200 words)

|  |
| --- |
|  |

How will you arrange access to potential participants in the MBCT courses you intend to teach? (Max. 200 words)

|  |
| --- |
|  |

**Professional Background**

Please describe your professional training, qualifications, background and experience in working with the population and context in which you plan to teach MBCT. (Max. 200 words)

|  |
| --- |
|  |

If you have any professional training or experience that in cognitive-behavioural therapy (CBT), please provide details. (Max. 200 words)

|  |
| --- |
|  |

Please describe any professional training or experience that you have that involves empathic listening to others. (Max. 200 words)

|  |
| --- |
|  |

Please describe any professional training or experience that you have in working with people with mental health issues. (Max. 200 words)

|  |
| --- |
|  |

Please describe any professional training or experience that you have in teaching a group or facilitating groups. (Max. 200 words)

|  |
| --- |
|  |

Do you have any other skills, experience, training or personal qualities that you think will help you in the work of teaching MBCT? Please describe, if they have not already been covered. (Max. 200 words)

|  |
| --- |
|  |

If deemed necessary by the OMC assessor, please confirm that you are willing to undertake further training in CBT or mental health awareness as part of your mindfulness teacher training with the OMC.

[ ] Yes [ ] No