Stand: 02.04.2021



**The Institute for Mindfulness-Based Approaches**

In Cooperation with

A purple and black logo

Description automatically generated

**MindCare Academy Turkey**

**Personal Information Form (TR\_2)**

## MBSR Teacher-Training Program

**Istanbul, Turkey**

**Start: 26 April 2024**

Online Orientation Meetings per ZOOM Video Conference

Saturday 18th of November, 2023 11 am (GMT + 2)

Saturday 24th of February, 2024 11 am (GMT + 2)

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| **Dear Applicant,** If you wish to enroll in the TR\_2 MBSR Teacher Training program, please return this filled-out Personal Information Form to us. We are also available per Email if you have additional questions or require more information.A senior IMA trainer will review your form to see if:the MBSR teacher-training program is appropriate for you in terms of your experience and interest andwhether you fulfill the participant requirements or some additional preparation is neededWithin three weeks after receiving your form, we will let you know if you are accepted into the program. At the same time we will send you an enrollment contract which you must sign and return to us.If a participation requirement still has to be fulfilled, we will ask you to sign an additional agreement about completing the requirement. We`ll also offer suggestions for how you can do so. *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*** *acceptance into the MBSR Teacher Training.*  Please return this form to Mindcare Academy by email:  **info@mindcareacademy.com**  **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.** |
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| Personal Details | | | | | | | | |
| **Name** |  | | | | | | **Title** |  |
| **First Name** |  | | | | | | **Age** |  |
| **Address** |  | | | | | | | |
| **Post Code and/or City** |  | | **Country** | | | | | |
| **Phone** |  | | | **Fax** |  | | | |
| **Mobile** |  | | | | | | | |
| **E-Mail** |  | | | **Website** | |  | | |
| **Where did you find out about our Teacher Training?** |  | | |  | |  | | |
| Profession / Education | | | | | | | | |
| **Profession / Position** | |  | | | | | | |
| **What kind of work do you do?** | |  | | | | | | |
| **Studies, Diplomas, Certification** | |  | | | | | | |
| **Professional Accreditations** | |  | | | | | | |

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| 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) | |  |
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| 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. | | | | | | | | | | | | | |  |
| 1. Why do you want to teach MBSR? | | | | | | | | | | | | | |  |
| 1. Please describe your meditation practice and the role it has played in your life | | | | | | | | | | | | | |  |

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

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

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| Please return this form to us per Email: **info@mindcareacademy.com** |

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| **Registering for the Training Program** Step 1: After the application has been reviewed and you are accepted into the program, we will send you an enrolment contract.Step 2: If you decide to register, please return the enrolment contract to us and transfer the deposit of Euro 800,-.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 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@mindcareacademy.com** |