

**Application for the 12th Castellino Prenatal & Birth Foundation Training
with Ray Castellino, DC (retired), RPE, RCST® and Mary Jackson, RN, LM,
RCST®***

(*Mary's level of participation will depend on enrollment)

Please fill in your form using bold for the answers, leaving the questions in regular font. Ideally, you download the Word document, fill it in, and send it back as an attached file. If you don't have access to Word, you can download the PDF, abbreviate the questions, and write the answers in Bold in any word processing format and then send that as a PDF by email.

Send along with a digital picture of yourself (head shot) to all 3 emails:

Sandra@castellinotraining.com

bebaray@me.com

mjmidwife@googlemail.com

Be sure to send your application fee to Sandra.

Name and any academic or credentials after your name:

Address:

City, State, Zip:

Home Phone:

Bus. Phone

Cell Phone:

Fax:

Email:

Website:

Skype address:

Age and Date of Birth:

Family: Married? Partnered? How long? #children, grandchildren, ages, names

What is your goal in taking this training including how you plan to use it?

Training in bodywork, healthcare, education, counseling skills, movement, mental health, pre and perinatal work, trauma resolution, anatomy, physiology and related fields and in education (include teacher, title of courses, dates, #days/hours as well as certifications received):

Current occupation and training for that.

Description of the nature of your professional healing arts or working with children practice during the last 5 years

Therapies used; minimum-maximum clients/week; years in practice, workshops taught, modalities used

Describe your strengths and challenges as a healing arts professional or a professional working with children.

If you include volunteer work or peer exchange, note it as such.

Describe your experience working with pregnant parents, babies and children (your own, others, professionally).

Craniosacral training and experience:

- Training in the fluid tides with teacher's name, dates and length of the training. Indicate if you have received an RCST or BCST.
- Training in other cranial sacral modalities with teacher's name, dates, and length of training.
- Experience teaching or assisting craniosacral courses: introductions or trainings, Specify modality, length of trainings, teacher.
- Experience teaching or assisting craniosacral courses: introductions or trainings, Specify modality, length of trainings, teacher.
- Amount of time using craniosacral work in your professional practice.
- If you have not yet taken the prerequisite 5-day introduction to biodynamic fluid tide work, you may apply if you have signed up for a 5-day course, paid in full for it and have a receipt for your full payment. If you are accepted into the training, it will be contingent on your taking the c/s introduction and receiving a positive recommendation from your c/s teacher.
- An alternative for those who have not taken a 5-day intro to biodynamic c/s work and have experience in bodywork is to take the Body Into Being: Advanced Bodywork Training offered by Ray and Anna Chitty starting in late October, 2013 (all 5 modules).

Describe your health condition & recent medical history, including any current medications for physical and/or mental health:

Are you able to commit to all 6 days of all 8 modules?

Are you willing to abstain from alcohol from the day before the start of each module through the end of each module?

Is your lifestyle nicotine and recreational drug free and can you commit to remaining that way for the 3 years from now through the end of the training?

Are there any challenges for you to taking the training?

Applicants will be asked to do a 15 min max Skype interview with Ray or Ray and Mary

I am available for an interview by skype (give skype name _____)

This is the best phone to reach me (_____)

Please give both Skype and a phone number if you have Skype. Sometimes Skype doesn't work and we revert to phone.

Once your application has been received, an interview time will be scheduled, starting in April. Please call Sandra 805 687-2897 to schedule that once your application is complete

Indicate how you are paying the deposit: check, credit card, paypal, other
And when you have sent the check, cc info, etc.

If you have taken a womb surround process workshop with someone other than Ray, please indicate when and with whom.

If you have not taken a womb surround from Ray and are applying after taking a womb surround from a certified womb surround facilitator, please write below: "I give permission for Ray, Sandra, Mary to talk to_____."