**Application for the 177h Castellino Prenatal & Birth Foundation Training (T17)**

**with**

**Mary Jackson, RN, LM, RCST® and Tara Blasco, PhD, RCST®**

PREREQUISITE to Attending T17 starting with Module 1, you need to attend EITHER

1. A Womb Surround with an approved facilitator
2. A Sequencing Workshop with Ray or Mary/Tara.

If you have NOT completed one of these before Module A (Building Somatic Skills) December 2-6, 2023, you can attend Module A as a stand alone course, then take a womb surround or the sequencing workshop before Module 1 in February.

You can interview with Mary/Tara BEFORE or AFTER completing the Womb Surround or the Sequencing Workshop. You can schedule the interview before completing the forms as long as all parts of the application process are complete several days before the interview. PLEASE LET SANDRA KNOW YOUR INTEREST IN APPLYING BEFORE STARTING THE PROCESS.

APPLICATION EMAIL TO INCLUDE 3 ITEMS to Sandra Castellino + send the application fee. Email the 3 items to sandra@castellinotraining.com**.**

1. **Application to the Foundation Training** (on the next pages)
2. **Digital photo** (separate from the application, not imbedded in the Word doc.)
3. **A womb surround process workshop application.** IF you have a digital copy of a womb surround application that you have already filled out for a womb surround you have taken, send that. Otherwise, fill in another formavailable under http://www.castellinotraining.com/process/#applications.

**Send as 3 different attachments in ONE email (photo, application to the Foundation Training & Womb Surround application).**

**Please fill in your form starting on the next page** **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 in Word. If you don’t have access to Word, you can download the RTF, and do the same. **Do NOT snail mail the application.**

**Please delete this first page** when sending your application.

**APPLICATION FEE:**

**Checks or Money Orders** $100 check/MO made to “Castellino Training, Corp.” Mail to:

 Castellino Training, 1105 N Ontare Road, Santa Barbara, CA 93105.

 If you pay by check, email Sandra to tell her when the check has been mailed

**Paypal**: $105: “sandra@castellinotraining.com”. Use GOODS AND SERVICES, NOT friends & family.

**Schedule INTERVIEW with Sandra, sandra@castellinotraining.com, 805 687-2897.**

**The next interview dates with Mary and Tara are** **Pacific Time**

* **August 29** (2:00, 2:30, 3:00 pm).,
* **September 28** (8:30, 9:00, 9:30 am),
* **October 19** (1:30, 2:00, 2:30 pm).
* You will interview with one or both teachers for about 15-20 min.
* Notice of acceptance status will be some time after the interview. Acceptance may be pending until completion of the womb surround or Sequencing workshop.
* Applications will be accepted until the Foundation Training is full.
* Priority acceptance will be given to those able to commit to Module A and modules 1-8 and pay in full according to the payment plan outlined on the website. A limited amount of scholarships may be available to a few people after payment for the full deposit, Module A and Module 1.

**Application for the 17th Castellino Prenatal & Birth Foundation Training**

**with**

**Mary Jackson, RN, LM, RCST® and Tara Blasco, PhD, RCST®**

Include the following information.

Name and any academic degrees or credentials after your name:

Address:

City, State, Zip:

Home Phone: Bus. Phone Cell Phone:

Best phone to reach me:

Email:

Website:

Age and Date of Birth:

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

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 (how you earn a living) and training for that.

Description of the nature of your professional bodywork/healthcare/healing arts/teaching practice and work with children during the last 5 years.

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

What percentage of these are in person / online in the last few years and plans for the future?

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.

If you include a vitae, please also summarize your experience.

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.

Polarity Therapy training and experience:

* Training in APTA certified trainings (this doesn’t include Body into Being) with teacher’s name, dates and length of the training. Did you receive an APP or RPP? Also include Polarity Training with Anna Chitty’s Polarity Skills class.
* Training with Ray Castellino and Anna Chitty in Body into Being. If so, when and how have you been using this experience?
* Amount of time using these skills in your profession.

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

Are you able to commit to the zoom times for Module A and the in-person times in Ojai, CA for all 7 days of all 8 modules including being ready to start on time the first day and staying until at least 1 pm on the last day? A conflict with some part of this should be noted so the teachers can decide if making that up would work.

Are you able to commit to doing the homework assigned after each module and sending it to your assigned assistant by the due date?

Are you able to commit to payment according to the payment plans outlined on the website and in the student contract?

Are you taking/planning to take any other training during the time of T17 (December 2023-May, 2026). If so, how will that impact your ability to commit to the time and money for the Castellino Training?

Are you willing to abstain from alcohol from the day before (Wednesday) the start of each module through the end of each module (Wednesday)? And also for the day before Module A through the end of Module A?

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

Are you using medical marijuana? \_\_\_\_ If yes, please indicate how often and the reason for its use.

Are their any challenges for you to taking the training? Include financial, childcare, care for elderly parents, etc.

Indicate how you are paying the application fee: check, credit card, PayPal, other

And when you have sent the check, cc info, etc.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate how you will be paying the initial deposit, due 2 weeks after acceptance: check, credit card, PayPal, other.\_\_\_\_\_\_\_\_\_\_

If you have taken a womb surround process workshop, please indicate when \_\_\_\_\_\_\_\_\_and with whom \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If you are applying after taking a womb surround from an approved womb surround facilitator other than Mary/Tara, fill in the name: “I give permission for Mary, Tara to talk to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of the approved process workshop facilitator) about my participation in their womb surround and their thoughts on my attending T17”

If you have taken a Sequencing Workshop, please indicate when \_\_\_\_\_\_\_\_\_\_\_\_\_and with whom. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training modules will be video-taped or recorded in some other modality for training purposes. All participants must agree to be recorded during the modules and sign a release form as part of the student contract. These videos may be shared with graduates – in – training to become trainers as well as with students who miss any part of T17.

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(you can ‘sign’ your name by typing it into the application form).