**Application for the 15th Castellino Prenatal & Birth Foundation Training (T15)**

**with Ray Castellino, DC (retired), RPE, RCST®,**

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

APPLICATION EMAIL TO INCLUDE 3 ITEMS to [sandra@castellinotraining.com](mailto:sandra@castellinotraining.com)

Application items are to be emailed to Sandra Castellino (email above) and will be considered only if **application fee** **is sent separately** and the **application includes**

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 your womb surround application that you have already sent to Sandra, Ray, Tara, send that. Otherwise, fill in another form available 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:

Sandra Castellino, 1105 N Ontare Rd, Santa Barbara, CA 93105

If you pay by check, email Sandra to tell her the check is in the mail once it is.

**Paypal**: $105: “[sandra@castellinotraining.com](mailto:sandra@castellinotraining.com)”. Use GOODS AND SERVICES, NOT friends & family. (DO NOT send payment to Sandra Castellino’s email for applications).

**INTERVIEWS, THE NEXT STEP, WILL BE SCHEDULED BY SANDRA** [sandra@castellinotraining.com](mailto:sandra@castellinotraining.com), 805-687-2897.

* You will interview with some or all of the teachers.
* Notice of acceptance will be some time after the interview(s).
* Applications will be accepted until the Foundation Training is full.
* Acceptance into the first group will be given only to those able to commit to all 9 modules and pay in full according to the payment plan outlined on the website.

**IF YOU HAVEN’T YET TAKEN A WOMB SURROUND** with one of the teachers or another certified womb surround facilitator, you can apply and ask for an interview with all 3 teachers and a tentative place may be held for you until you are able to attend a womb surround.

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Include the following information.

Name and any academic or credentials after your name:

Address:

City, State, Zip:

Home Phone: Bus. Phone Cell Phone:

Best phone to reach me:

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

Description of the nature of your professional bodywork/healthcare/healing arts practice and work with children 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.

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.
* For this and future Foundation Trainings, an introduction to c/s work will NOT be required. Instead, the first module, taught by Ray and Anna Chitty will focus on practitioner skills you will need for the training.

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?
* Training with Ray and Anna Chitty in Body into Being. If so, 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 all 6 days of all 9 modules including being ready to start on time the first day and staying until at least 1 pm on the last day?

Are you able to commit to doing the homework assigned after each module and having 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 T15 (October 2019-June 2022). 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 (Friday) the start of each module through the end of each module (Thursday)?

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. If yes, you will be asked to interview with the trainers so please call Sandra for an appointment.

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

Applications received by Sandra will be sent to Ray/Tara/Mary. They will be doing interviews in April, May, with some in June. Those whose applications are submitted by March 7th will be invited to interview in early April. Cindy Barnum will be contacting you to schedule the interviews.

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 application fee \_\_\_\_\_\_\_\_\_ and also the initial deposit due 2 weeks after acceptance: check, credit card, paypal, other.\_\_\_\_\_\_\_\_\_\_

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

If you are applying after taking a womb surround from a certified womb surround facilitator other than Ray/Mary/Tara, write below: “I give permission for Ray, Sandra, Mary, Tara to talk to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.” (the certified process workshop facilitator)

Training modules will be video-taped for training purposes. All participants must agree to be recorded during the modules and sign a release form as part of the student contract.

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

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

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