Post-Graduate Certification Training in Mindfulness-Based Interventions

Application Form

Next Intake: February 2019

**Return to:** Lynne Gordon, [lynne@mindfulness.org.za](mailto:lynne@mindfulness.org.za).

*Please be so kind as to return in this MS Word format.*

Personal Information

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| --- | --- |
| **Surname:** | **Title:** |
| **First Name:** | |
| **Male/Female:** | |

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| **ID number/ Passport Number:** |
| **Nationality:** |
| **Physical Address (for delivery of study materials by courier):** |
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| **Postal code:** |
| **Postal Address (cannot be used for courier):** |
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| **Postal code:** |
| **Telephone:** code ( ) (h) code ( ) (w) |
| **Fax:** code ( ) (h) code ( ) (w) |
| **Cellphone number**: |
| **E-Mail** (must be provided for internet access / invoicing): |

A. Enrolment Information

**1. Please indicate if you will be enrolled for any other courses or engaged in any other studies at the same time as this course:**

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**2. Please indicate if you have previously been enrolled in a similar course at another university or institution:**

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Professional Data

1. **Qualifications:**

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|  | **Institution** | **Qualification** | **Year completed** |
| **Undergraduate** |  |  |  |
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| **Postgraduate** |  |  |  |
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1. **Mindfulness-Based Approaches:** Please list any qualifications or experience you have in mindfulness practice or in Mindfulness-Based Interventions.

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1. **Occupation:** Please describe where you will be working and what you will be doing whilst you are studying on this course.

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| Institution / Practice: |
| Post / Job Title: |
| Types Of Activities / Experience: |

1. **Professional Registration: (if applicable)**

* Professional Body (e.g. HPCSA or AHPCSA): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Registration no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Country of registration: South Africa / Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Category of registration (e.g. Medical Practitioner, psychologist): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. Internet Access & Computer Skills

1. Do you have a personal computer with Windows 2000 or better and a CD-ROM **Yes / No**
2. Do you have access to the Internet from home? **Yes / No**

If not, how will you access the Internet?

1. Do you consider yourself computer literate? **Yes / No**

C. Motivation & Academic Language Ability

1. **Briefly discuss your motivation / reasons for participating in this course.** (Please limit response to maximum one page)

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**What are some of the obstacles you may encounter along the way and how will you address these?**

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1. **Do you have any significant psychological or physical health issues? If yes, please give details or speak directly to the course coordinator.**

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1. **Have you seen (or are currently seeing) a psychotherapist, counsellor or life coach? If yes, please indicate for how long, and nature of that process.**

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1. **Language**

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| **Did you graduate in South Africa?**  Yes / No |
| **Was your undergraduate course presented in English?**  Yes / No |
| **Are you proficient in English at an academic level?** Yes / No |
| **What is your first language?** |

D. Documentation

Please submit copies of the following documents with your application:

1. A copy of your Degree(s). (if applicable) **Yes / No**
2. A copy of your HPCSA/ AHPCSA Registration Certificate or equivalent (if applicable) **Yes / No**
3. A certified copy of your Identity Document or Passport. **Yes / No**

Please note: Failure to properly complete all the questions in this form or submit necessary documentation, will delay, and may even prevent, your successful application.

Please tell us how / where you heard about the course:

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Declaration:

1. I hereby certify the aforementioned information is complete and accurate. I declare that the University is entitled to cancel my registration immediately should it become apparent that any of the particulars furnished above in this application form is/are untrue or incorrect.
2. I declare that I have read the programme brochure and course regulations contained therein.

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**Signature of applicant Date**