



SMARTfoundations

it's all about you!

Relaxation, Meditation and Mindfulness Teacher Training

Certified Training - APPLICATION FORM

PERSONAL DETAILS

Title (Mr/Mrs/Miss/Ms etc): _____

Name: _____

Address: _____

Date of next Training: _____

Post Code: _____

Tel (home): _____

Tel (mobile): _____

Tel (work): _____

Email: _____

Date of Birth: _____

Highest Educational Qualifications
(E.g. Health courses, A' Levels,
Degree, NVQ)

Please give details of any professional
bodies you belong to.

Do you have any special needs?
Do you have any medical conditions
the tutors should know about?

or a disability?

Any dietary requirements?

HEALTH AND WELL-BEING INFORMATION

Have you been CRB checked? YES/NO

If Yes Date: _____ Disclosure Number: _____

Date of First Aid Qualification? Required to work in schools and with children

Date: _____ Title: _____

Please list any relevant courses that you have attended in physical, mental, emotional and spiritual well-being e.g. Workshops, Conferences (with dates).

Please list any other relevant courses/groups that you have attended e.g. meditation, relaxation, stress management, anxiety relief or devotional meditation practice with religious/spiritual groups

Please provide one referee to support your application for this course. Attach a copy of a written Reference. Name: Contact details:

Declaration:

I certify that the information I have given on this application form is accurate and true.

Date:

Signed: