

Application for Mastery Course

Mentorship, Peer Support, Self Care and Craniosacral Techniques

This 10-week dive will support you in realizing your unique gifts and branding.

We will teach craniosacral and somatic techniques in an intimate setting of 6 students, within a safe and supportive environment to allow you to enhance your practice,.

You will have the opportunity to discover patterns that are preventing you from stepping further into your genius and clearing the blocks and beliefs that are limiting your expression both professionally and personally.

We will explore intimately the facets of therapeutic presence with our clients, and in all our relations ultimately. Our practices are an extension of how we live our lives.

We are in this because we care about people, because we are empaths and have intuitive gifts. We also need to have energetic and financial sustainability. This requires Balance.

The mentorship will cover the requirement of 4 CEU hours of ethics, communications and boundaries and 10 CEU hours of hands-on craniosacral therapy hours.

This is an opportunity to be in a mentorship group, that offers new tools and possibilities to evolve your practice from your place of home. From your uniqueness that you offer. You have the technical skills. This mentorship will offer more subtle skills and a model for peer support as you grow and deepen your gifts! Learn how to manage your own energy body and share your tools with clients!

The cost of the mentorship is \$1100 with CEUs, and \$1000 without,
50% down at registration, and the other half by March 25th.

Early Bird expires February 19th \$950/850, respectively, paid in full.

Name:

Email address:

Phone Number:

Modalities you practice (touch and energy work):

Please describe your practice:

Years in practice total: _____

In Oregon: _____

If elsewhere, list where and length of time:

Average hours working within your practice/week:

What are your professional goals?

6 months:

1 year:

5 years:

What are your personal goals?

6 months:

1 year:

5 years:

Personal information:

_____ **Single** _____ **Married/Partnered**

Do you have children? _____

If so, what are their ages: _____

What is working in your life?

Current challenges in your personal life?

What type of self-care treatments do you receive (ie. massage, chiro, acupuncture, cranial, etc.):

How often do you receive treatments:

What other self-care practices do you incorporate into your life?

Daily:

Weekly:

Monthly:

Other:

What does a typical day in your life look like?

Have you ever worked with a coach or mentor?

If yes, please describe the program:

If so, what did you learn/receive?

What is drawing you to this program?

What are you hoping to receive from this program?

**The dates of the class are Wednesdays 2:30-5:00 starting March 11 and ending May 13
The requirement for this course is to attend all classes, but if you know you will be gone one of the weeks, please let us know up front (now) and we will arrange something. The hands-on hours and ethics portions are required in order to receive CEUs.**

Please discuss any issues that would keep you from being able to attend the 10 in-person weekly classes: