Personal Information Form &

Registration form for the

Orientation Day for the

International Mindfulness and

MBSR Teacher-Training Program (EUR 7)

Saturday, 22. March 2025

Start/End: 09.30 – 17.00 - online

with Wolfgang Schröder (MBSR Senior Teacher)

Course Fee Orientation Day: EUR 110.-

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| Please fill in the form on your computer and send it back to the IMA. If handwritten please use BLOCK CAPITALS. If you are typing this on the computer, type your name where the signature is.  You will receive a confirmation by E-Mail when your application form has been received.  This form is only for registration for the Orientation Day.  It is not the enrolment form for the training programme itself.  The enrolment contract for the training programme will be distributed following the Orientation Day.  Please return this form to the IMA:  Postal address: Institute for Mindfulness Based Approaches  c/o Susanne Schneider, Tackweg 13, D-47918 Tönisvorst  Fax: 0049 (0) 2151 327 4665  E-mail: [programs@institute-for-mindfulness.org](mailto:programs@institute-for-mindfulness.org) |

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**Personal Info Form and Registration for Orientation Day**

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| Personal Details | | | | | | | |
| **Name** |  | | | | | **Title** |  |
| **First Name** |  | | | | | **Age** |  |
| **Address** |  | | | | | | |
| **Post Code and/or City** |  | | **Country** | | | | |
| **Phone** |  | | | **Mobile** |  | | |
| **E-mail** |  | | | | | | |
| **Website** |  | | | | | | |
| Profession / Education | | | | | | | |
| **Profession / Position** | |  | | | | | |
| **What kind of work do you do?** | |  | | | | | |
| **Studies, Diplomas, Certification** | |  | | | | | |
| **Professional Accreditations** | |  | | | | | |

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| Experience | | | | | | | | | | | | | | |
| **Do you have experience with Yoga?** | | | | | | | Yes | | | | No | | | |
| **Please describe how long you have practiced and what form of yoga:** | | | | | | | | | | | | | | |
| **Experience with another form of meditative movement**  (For example: Tai Chi, Qigong, Aikido, martial arts, meditative dance, etc.) | | | | | | | Yes | | | | No | | | |
| **Please describe how long you have practiced and what form:** | | | | | | | | | | | | | | |
| **Do you have experience in leading groups?** | | | | | | | Yes | | | | No | | | |
| **When yes, please give a brief outline of your experience:** | | | | | | | | | | | | | | |
| **Are you familiar with MBSR either through reading**  **about it or practicing it yourself?** | | | | | | | Yes | | | | No | | | |
| **Have you taken part in an 8-week MBSR course?** | | | | | | | Yes | | | | No | | | |
| **If so, dates and location** | | | | | | | | | | | | | | |
| **Name of Teacher (and web site) of MBSR course:** | | | | | | | | | | | | | | |
| **Have you read the following books?**  - *Full Catastrophe Living* by Jon Kabat-Zinn | | | | | | | Yes | | | | No | | | |
| -Mindfulness-Based Stress Reduction by Linda Lehrhaupt and Petra Meibert | | | | | | | Yes | | | | No | | | |
| **Do you teach MBSR?** | | | | | | | Yes | | | | No | | | |
| **If yes, how many MBSR courses have you taught, when and where?** | | | | | | | | | | | | | | |
| **Do you currently offer mindfulness as an approach where you work?** | | | | | | Yes | | | | No | | | |
| **If so, please give brief details:** | | | | | | | | | | | | | |
| **Please give brief details of the events you have attended that have to do with Mindfulness (year, subject, name of presenter):** | | | | | | | | | | | | | |
| **Do you currently have physical or mental health issues in your life that may influence your participation in the teacher training?** | | | | | | Yes | | | | No | | | |
| **If so, please give brief details:** | | | | | |  | | | |  | | | |
| **Personal Mindfulness Practice** | | | | | |  | | | |  | | | |
| **Do you have a mindfulness practice?** | | | | | | Yes | | | | No | | | |
| **If so, how many years have you been practicing mindfulness?** | | | | | | | | | | | | | |
| **With whom and/or where did you learn mindfulness?** | | | | | | | | | | | | | |
| **How regular is your mindfulness practice?**  e.g. Please state the duration of your practice per session and how many times you practice per week. | | | | | | | | | | | | | |
| **Do you regularly practice in a formal meditation tradition?** | | | | | | Yes | | | | No | | | |
| **If so, in which tradition?**  e.g. Vipassana, Zen, Christian Contemplation, Dzogchen, Yoga, etc. | | | | | | | | | |  | | | |
| **How many years have you been practicing in this tradition?** | | | | | | | | | | | | | |
| **Do you have a meditation teacher?**  **Name of your teacher:** | | | | | | | | | Yes | | | | No |
| **Retreat Participation** | | | | | | | | | | | | | |
| **Have you taken part in a silent meditation retreat of at least five days?** | | | | | | | | Yes | | | | No | |
| If so **please list retreats and the number of days of each retreat** you have taken part in within the past 5 years: | | | | | | | | | | | | | |
| **From** (DD/MM/YY) |  | **To**  (DD/MM/YY) | **Meditation tradition**  (Zen, Vipassana, Contemplation, Mindfulness, Yoga, Dzogchen etc.) | **Place** | **Silent Retreat**  (Yes, No, partial) | | | **Teacher** | | | | **Duration** (days) | |
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| Motivation to Participate in the Training Program | | | | | | | | | | | | | |
| **Please answer the following two questions on a separate page or at the end of this document. This information is important in our assessment of your application if you chose to apply to the training programme. It would be helpful if you would give more detail rather than be brief.**  Please do not worry about your skill level in English. We understand that English is probably not your mother tongue and naturally we make allowances for that. | | | | | | | | | | | | | |
| 1. Why do you want to teach MBSR? | | | | | | | | | | | | | |
| 1. Please describe your meditation practice and the role it has played in your life | | | | | | | | | | | | | |

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| **Bank details:** |  |
| **Account:** | Dr. Linda Lehrhaupt/ Institut für Achtsamkeit |
| **Amount:** | 110,- Euro |
| **Intended use:** | Name / O EUR 7-2 |
| **IBAN:** | DE35 3601 0043 0418 1074 33 |
| **BIC:** | PBNKDEFF360 |

For payments outside Germany (bank charges to be borne by the client).

I am aware that a cancellation must be made in text form (e.g. by e-mail).

A processing fee of 25% of the course fee will be retained up to 30 days before the start of the seminar. In the event of later cancellation, a refund will only be made if I provide a qualified replacement.

In accordance with the new European Data Protection Act (EU-DSGVO), we must inform you that your personal data will be stored in encrypted form on our server for the purpose of processing. If necessary, they will be passed on to the teachers of the seminars and to the seminar house. The scope of the information can be found on the registration form.

**I declare that I feel physically and mentally able to take part in the Mindfulness and MBSR Teacher Training and Orientation Day and that I am prepared to take responsibility for myself in every respect.**

**Date & Signature:** ……………………………........................................................................

**How did you hear about the course/the IMA?**

Colleagues/friends  Publications? ..............................................................................

Teacher  Internet  Other...........................................................................................

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