



## Being and Becoming

### Pediatrics in the field of Craniosacral Biodynamics and prenatal and perinatal Therapy

Cover page for application and registration process

This document contains the following:

- **Dates**
- **Costs**
- **Prerequisites**
- **Registration process**
- **Agreements and commitments**
- **References**
- **Personal data**
- **Questionnaire**

Please send this document and a separate curriculum vitae electronically to the following e-mail address:  
[info@icsb.ch](mailto:info@icsb.ch)

Send a signed paper copy of the application document and curriculum vitae to the following postal address:  
ICSB, International Institute for Craniosacral Balancing®  
Ländlistr. 119  
CH-3047 Bremgarten  
Switzerland

Your name: \_\_\_\_\_



## Training program in craniosacral pediatrics

This two-year advanced training is held in 6 parts (28 days). Participation in all 6 parts is required in order to be accepted for the course. The training is taught as a closed group.

Each time we start in the evening with dinner and a group meeting and finish after completion with lunch (around 3pm)

### Dates

2012 in Spain, near Barcelona	Course 1	March 8 – 13, 2012
	Course 2	June 7 – 12, 2012
	Course 3	Sept. 13 – 18, 2012
2013 in northern Italy	Course 4	May 2013
	Course 5	Sept/Oct. 2013
2014 in Spain, near Barcelona	Course 6	March 2014

We are in the final process of negotiating location and prices.

### Costs

- Mandatory non-refundable registration fee to reserve your space: € 100.-
- After application has been received and you are accepted into the program: € 200.- deposit to secure your place.
- Each part is € 650.-, payable before or according to a payment plan agreed upon with the organizer. To simplify matters, costs are equally distributed over the 6 parts, independently of the days.
- The total cost for the training program: € 4200.-
- Accommodation and 3 meals: As soon as we have a contract with the seminar house, we can give clearer prices for room and board. Count on ca. €50 – 70 per day, depending on your choice of accommodation.

Payment can be made to the following bank account:

**Bank: Banco de Santander, Av. Diagonal 331, 08009 Barcelona, Spain**

**Swift or BIC of bank: BSCHESMM**

**or via paypal and credit card to the following e-mail address: info@icsb.ch**

**Bank account: Cristina Ratti**

**IBAN ES 63 00494701802110075881**

### Prerequisites

- A certificate in craniosacral therapy of at least 700hrs., issued by an approved and recognized school.
- 2 years active practice and participation in an advanced course or postgraduate program in craniosacral therapy

### Registration process

Applications will be considered, when the following has been received:

1. Filled out application form and questionnaire, including a photo of yourself. All 5 signatures in place.
2. Curriculum vitae on separate document.
3. Non-refundable registration fee of € 100.-

You will be notified of your acceptance, upon which €200.- are due immediately to register and secure your place.

The first installment of €350.- is due in July 2011.

The second installment of € 300.- is due in December 2011.

### Agreement for the following, if accepted into the program

- Agreement and commitment to participate in all 6 parts
- Agreement to start and finish all the parts of the course together (no late arrivals or early departures)
- Payment of registration fee, deposit, first and second installments in time
- Commitment to hold to all payments and payment plans
- Agreement for room and board in the seminar house
- Permission to contact your references
- Agreement to an interview with the teachers, if necessary

### Cancellation policy

On receiving the deposit of €200.-, your place is booked, confirmed and secured.

Should external events prevent your participation, the following applies:

- The registration fee of €100.- is an administration fee and non-refundable.
- The deposit of €200.- and the first installment of €350.- will be refunded, if a replacement is found.
- For cancellations in the last month before the beginning of the training, the full course fee of €650.- for course 1 will be charged.



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## Personal data

Family name: \_\_\_\_\_

Given name/first name: \_\_\_\_\_

Additional names (spiritual names, how you like to be called) \_\_\_\_\_

### Address:

Street: \_\_\_\_\_

Postal code \_\_\_\_\_

Town/City: \_\_\_\_\_

Country: \_\_\_\_\_

Tel.nr: \_\_\_\_\_ mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of birth: \_\_\_\_\_ age: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Craniosacral practitioner since: \_\_\_\_\_

Graduation date and place: \_\_\_\_\_

School

Teacher/s

How many craniosacral treatments are you giving per week? \_\_\_\_\_

I have an understanding of craniosacral biodynamics. I have acquired it through:

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I have taken the following advanced/postgraduate courses in craniosacral therapy:

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I have participated in a baby course (postgraduate course in working with babies and toddlers)

When?

With whom?

Hours?

Content?



**Signature 1**

**I have read and acknowledge the above mentioned registration and cancellation process (page 2)  
I have understood the agreements and commit to them.**

Date \_\_\_\_\_

Signed \_\_\_\_\_

**Signature 2**

**Above mentioned personal information is correct (page 3)**

Date \_\_\_\_\_

Signed \_\_\_\_\_

**Signature 3**

**I agree to the following commitments during the courses:**

- Abstinence of alcohol and recreational drugs
- Abstinence or significant reduction of nicotine intake (to stop smoking is strongly recommended)
- No strong scents, perfumes or essences

Date \_\_\_\_\_

Signed \_\_\_\_\_

**Signature 4**

I give permission for the three people, which I name as my references below, to speak with Bhadrena and Kavi, as the teachers of this training, concerning my abilities to benefit from and contribute to the pediatric training.

Date \_\_\_\_\_

Signed \_\_\_\_\_

**References**

**Reference 1**

Name of your craniosacral teacher or school with contact details

\_\_\_\_\_

Phone nr. \_\_\_\_\_ e-mail: \_\_\_\_\_

Healing art professionals (teachers/colleagues) other than your craniosacral teacher and who know you more than 5 years:

**Reference 2**

Name \_\_\_\_\_

Phone nr. \_\_\_\_\_ e-mail: \_\_\_\_\_

**Reference 3**

Name \_\_\_\_\_

Phone nr. \_\_\_\_\_ e-mail: \_\_\_\_\_



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## Questionnaire

The following pages contain questions of a personal nature and will be treated confidentially.

What is your interest in this training?

State your intention for participating in this training.

How do you envision applying this work?

### Personal history

#### State of health

What is your momentary state of your health?

General history of health:

Looking back, how would you describe your history as far as your health is concerned?



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**History of challenges to health**

On the physical level, e.g. early illnesses, infections, accidents, falls, hospitalizations, operations, traumas

On a psycho-emotional level: processes that have influenced your life or your health, times of depression, times of life challenges

On a spiritual level: what challenges have you moved through?

Where you ever in psychiatric treatment? Reasons?



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Did you ever spend time in a psychiatric institution as a patient? Reasons?

Are you on any medication? If yes, what for? Name the medication and the dosage.

Have you ever been prescribed psycho-pharmaca? If yes, when, what for and for how long? What was the outcome?

**Resources**

What are your resources in life? What brings you joy and what nourishes you? How do you feel supported?

What or who helped you during difficult times?

Do you have support or follow up for yourself?

Bodywork?

On a psychological level: counselor, psychologist, therapist?

Medical? Who are your doctors?



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## **Early history**

### **Conception and discovery of pregnancy**

What do you know about your conception?

Was the pregnancy planned? Was it a surprise for your parents?

How long after conception was the pregnancy discovered?

### **Pregnancy**

What do you know about the time when your mother was pregnant with you?

How was your mother's health in that time?

How was your father's health?

Was father present during pregnancy?

How did your mother experience support while she was pregnant? Was there enough support?

Have you yourself experienced a pregnancy (as a woman or as a man)?

Do you have children?

Have you lost any children?

If yes, how does that affect you today?



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## Birth

Give us some of your birth history, as far as you are aware:

Tick what you know about your birth:

a vaginal home birth  
a vaginal birth in the hospital  
medication and interventions  
    epidural  
    anesthesia  
    episiotomy  
    forceps delivery  
    vacuum extraction  
    caesarian  
    other

Breech birth

Podalic birth

Twin birth

other birth complications? If yes, please specify.

According to you, what of the following refers to you:

I was born pre-maturely (how early?)

My birth was a quick birth (how fast?)

I had an emergency delivery

I was in a intensive care unit/neonatal intensive care unit (how long for?)

I was in an incubator (for how long?)

Was your dad present when you were born?

Were you separated from your mum after your birth?

As a male child, were you circumcised?

Were you breastfed? If yes, (you were breastfed) for how long?

Were you vaccinated? If yes, at what age? Which vaccinations? Individual vaccination? Combination of vaccines? What was the reaction?



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Comments on the above:

How did your mother experience support during birth? Was enough support available?

Did your parents lose any children before your birth, including miscarriages?  
If yes, did you know about it and how has it affected you?

**After birth**

Describe any other interventions, illnesses, hospital stays, fever, jaundice shortly after birth and as an infant:

What are the most important events in the first 3 years of your life? Things that left an impression, that shaped you?  
Positive and negative.

Who raised you?

Were your parents your biological parents?

Did your parents live together? Were they separated, married, unmarried...



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Do you have siblings? Sisters/brothers? How many? Older/younger?

How was your relationship as children?

How is your relationship today?

As you answer the questions above, is there anything else that would be important for you to talk about and convey?

**Signature 5**

**I have answered all above questions to my best knowledge, in truth, honesty and in as much depth as possible.**

Date \_\_\_\_\_

Signed \_\_\_\_\_