

Castellino Prenatal and Birth Foundation Training

1105 N Ontare Road, Santa Barbara, CA 93105

805 687-2897 (phone) 805 687-4719 (fax) sandra@castellinotraining.com

www.castellinotraining.com

Co-led by Raymond Castellino, D.C., R.P.P., R.C.S.T.® & Mary Jackson, R.N., L.M., R.C.S.T.®

Cover for Application to the Castellino Prenatal and Birth Foundation Training May 2010 – October, 2012

Name _____ Licenses, Cert. (D.C., R.C.S.T.) _____

References

(1) My craniosacral teacher _____ phone _____ email _____

Dates of c/s training _____ length _____

(2) Reference: healing arts teacher other than my craniosacral teacher(s)

(a) Name _____ Phone _____ email _____

Modality taught _____ Dates of course _____ length _____

(3) Process workshops I have taken with facilitators other than Ray from any graduate, whether certified or not.
Give name(s) & approximate dates:

I give permission for all the people above to speak or write/email with Ray & Sandra Castellino & Mary Jackson concerning my abilities to benefit from and contribute to the Castellino Foundation Training.

Signed _____ Date _____

Commitment to attend the whole Foundation Training

If accepted into the Foundation Training, I am able to commit to attending all eight modules, arriving by registration times and leaving no sooner than ending time at 3:00 pm on Sunday.

Signed _____ Date _____

Commitment to remain nicotine and recreational drug free

I do not use nicotine or recreational drugs in any form. I have not used either for _____ months/years. (a minimum of one month required prior to the date I sign below in this application). My intention is to abstain from the use of nicotine and recreational drugs for the rest of my life.

Signed _____ Date _____

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sandra@castellinotraining.com / www.castellinotraining.com

Raymond Castellino, D.C., R.P.P., R.C.S.T.

Application to the Foundation Training T9 (9th Foundation Training)

List of items needed for complete application

US Residents: Please MAIL your application, photo and payment to the above address. Emails & faxes will not be accepted from US residents.

Overseas applicants only may email the application to sandra@castellinotraining.com as one document (no scanned separate pages), & may email a photo. The cover with signatures may be faxed or scanned and emailed. The application fee payment should be by paypal or credit card if you want it to reach us quickly.

Applications will be considered when all of the following have been received.

- 1) **Photo** [prefer solo, can include other people] with your name and approximate date of the photo on the back.
- 2) **\$105 application fee by credit card** (Visa or MC only); **\$100 application fee by check, cash or money order made out to Raymond Castellino, mailed to the above address.** If using a credit card, send the number and expiration date by 2 separate emails with partial info in each, eg. xxxx-1234-xxxx-5555 exp xx/12. **Paypal** may be used only if you send it as a 'personal transfer' and not as a 'purchase' and you pay all the fees for using a credit card and cross-border fees. Paypal receipts that have any monies debited will be refused. Our Paypal user name is Sandra@castellinotraining.com
- 3) **Personal Information:** (must be typed, formatting is not important – this is for our database)
 - Name + Professional / academic initials after your name (Ph.D., L.Ac., M.T., RCST®, etc)
 - Phones (cell, home, work)
 - Fax (indicate if home or work or both)
 - Email (give us preferred if you have more than 1)
 - Website if you have one, even if it is not about this work
 - Complete Address: street, city, state, zip (postal code), country
 - Birthdate and age
 - Family: Married? Partnered? How long?, #children, ages, names
- 4) **Application information.** On a separate paper, either fill in the Word document, using **bold for your answers**, or you may type the answers only using lettering and numbering as below: When finished, if in the US, please print and mail it; if outside US, email it.
 - a) Describe your reasons for applying for this training & how you plan to use what you learn.
 - b) Make a statement that describes your level of commitment to working in the pre- and peri-natal field.
 - c) Are you interested in working with adults, children, babies, and/or families?
 - d) Current and past therapies used for your own physical and mental/emotional health. Describe extent of current work (weekly, as needed, workshops, etc).
 - e) Have you ever been convicted of a crime or felony? If yes, give details.
 - f) Resume of professional training and experience. Include ALL of the following:
 - i) Formal education including titles, dates, location, etc.

- ii) Professional qualifications (e.g., certificates for trainings, licenses, professional associations you're in. Send copies of certificates if available.)
 - iii) Training in anatomy physiology, counseling skills, bodywork, polarity therapy, prenatal and birth work, trauma resolution and other healing arts. (include teacher, title of courses, dates, # days / hours)
 - iv) Training and experience in other fields. If you have a resume of non-healing arts training and experience, please send it.
- g) Craniosacral training and experience
- i) Training in the fluid tides with teacher's name, dates, and length of training. Indicate if you have received an R.C.S.T.
 - ii) Training in other cranial sacral modalities with teacher's name, dates, and length of training.
 - iii) Experience teaching or assisting craniosacral courses: introductions or trainings, Specify modality, length of trainings, teacher.
 - iv) Estimated number of sessions given using c/s work in some form (weekly, monthly and yearly).
 - v) Amount of time using craniosacral work in your professional practice.
 - vi) If you have not yet taken the prerequisite 5-day introduction to biodynamic fluid tide work, you may apply if you have signed up for a 5-day course, paid in full for it and have a receipt for your full payment. If you are accepted into the training, it will be contingent on your taking the c/s introduction and receiving a positive recommendation from your c/s teacher.
- h) Description of the nature of your professional practice
- i) Therapies used; clients/week; years in practice,
 - ii) Describe your strengths and challenges as a healing arts professional or a professional working with children.
 - iii) If you include volunteer work or peer exchange, note it as such.
- i) Experience with pregnant parents, babies and children (your own, others, professionally)
- 5) **If your prerequisite process workshop was with someone other than Ray**, and you have not taken a process workshop with Ray, please send this additional information:
- a) **C/S teacher evaluation.** Fill in the sheet with your contact information including permission from you for Ray and Sandra to talk with your craniosacral teacher, then mail the form to your craniosacral teacher who will return it directly to us. If you have taken / are taking the 5-day polarity/ c/s workshop with Ray in Ojai, you do not need to do this.
 - b) **Letter of recommendation** from a healing arts teacher. These recommenders must have known you for at least a year. This letter is in addition to your craniosacral teacher and process workshop facilitator(s) other than Ray. Also have each of these people fill in the recommendation form.
 - c) **Birth History Form:** fill in the 5-page **process workshop application form** on our website under 'downloads', giving dates of the workshop and facilitator's name at the top of the form.
- 6) Food choices: ___vegan; ___eat eggs, not dairy; ___eat dairy, not eggs; ___eat both
- 7) Lodging choices: ___Pepper Tree (indicate room & single/shared); _____
 ___Ojai Inn (alone or shared?); _____;
 ___other (please indicate where below (friend, relative, other motel, etc). Do you need any more information or support around accommodations?

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Assessment Form for Craniosacral Teacher – Only for those who haven't taken a process workshop with Ray

Applicant _____

Applicant's phone(s) _____ email _____

Applicant, please complete this portion prior to submitting it to your c/s teacher.

- Required. I give permission to the c/s teacher to speak with Raymond & Sandra Castellino and Mary Jackson if needed regarding my ability to benefit from and apply myself to this training.

Applicant's signature _____ Date _____

- Recommended by not required: I waive the right to view this assessment.

Applicant's signature _____ Date _____

Extent of your c/s training with this teacher. (number of days of intro, modules, if full training, number of days) Give dates.

Craniosacral Teachers's Name _____

Address _____

Phone(s) _____ email _____

Profession _____ Degrees, Licenses or Trainings _____

Assessment of applicants c/s skills and ability to learn c/s work: (you may use back of this form)

Please complete this checklist

	Outstanding	Excellent	Good	Average	Below Average	Unable to evaluate
Character and Integrity						
Interpersonal skills						
Respectful of others						
Ability to work with others and in teams						
Ability to work independently						
Receives coaching well						
Has clear interpersonal boundaries						
Takes responsibility for own actions & impact						
Keeps time commitments						
Keeps financial commitments						
Follows through with other commitments						

Craniosacral Teacher's Signature _____ Date _____

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Recommendation Form Only for those who haven't taken a process workshop with Ray

Recommender, please fill in this form and also write us a letter including your knowledge of the applicant's strengths and challenges and your assessment of their ability to benefit from, contribute to the 48-day training.

Applicant _____

Applicant's phone(s) _____ and email _____

Applicant, please complete this portion prior to submitting it to the recommender.

- Required. I give permission to the recommender to speak with Raymond & Sandra Castellino and Mary Jackson if needed regarding my ability to benefit from and apply myself to this training.

Applicant's signature _____ Date _____

- Recommended by not required: I waive the right to view this letter and form of recommendation.

Applicant's signature _____ Date _____

.....
Recommender's Name _____ Degrees, License or Training _____

Address _____

Phone(s) _____ email _____

Profession _____

What is your relationship to the applicant? _____

How long have you known the applicant? _____ How well do you know the applicant? _____

Please complete this checklist and send it with your letter of recommendation

	Outstanding	Excellent	Good	Average	Below Average	Unable to evaluate
Character and Integrity						
Interpersonal skills						
Respectful of others						
Ability to work with others and in teams						
Ability to work independently						
Receives coaching well						
Has clear interpersonal boundaries						
Takes responsibility for own actions & impact						
Keeps time commitments						
Keeps financial commitments						
Follows through with other commitments						

Recommender's Signature _____ Date _____

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Assessment Form for Process Workshop Facilitator other than Ray Only for those who haven't taken a process workshop with Ray

Applicant _____ Applicant's phone and email _____

Applicant, please complete this portion prior to submitting it to the recommender.

- Required. I give permission to the recommender to speak with Raymond & Sandra Castellino and Mary Jackson if needed regarding my ability to benefit from and apply myself to this training.

Applicant's signature _____ Date _____

- Recommended by not required: I waive the right to view this letter and form of recommendation.

Applicant's signature _____ Date _____

Give approximate dates of Process workshop taken. _____

Facilitator's Name _____ (you may write on the back to answer ?s)

Assessment of applicant's ability to process in a process group, including holding presence, "I statements", appropriate touch, support and listening to others, differentiation skills.

Assessment of applicant's readiness for the full training.

Assessment of applicant's ability to contribute to the pre and perinatal field.

Please complete this checklist

	Outstanding	Excellent	Good	Average	Below Average	Unable to evaluate
Character and Integrity						
Interpersonal skills						
Respectful of others						
Ability to work with others and in teams						
Ability to work independently						
Receives coaching well						
Has clear interpersonal boundaries						
Takes responsibility for own actions & impact						
Keeps time commitments						
Keeps financial commitments						
Follows through with other commitments						

Facilitator's Signature _____ Date _____