

**UW Health Mindfulness Program**

**Fall 2018 MBSR Practicum: Application**

**The Fall 2018 MBSR Practicum will open for application from May 15 - June 15, 2018. Applicants will be notified of admission status by July 1.**

*UW Health Mindfulness Program is committed to supporting people of color and other marginalized groups to have access to training, teacher development, and employment opportunities in the field of mindfulness.*

*Financial assistance is available.*

**Please email this completed application, and mail a \$25 deposit to:**  
*(check payable to: UW Health Mindfulness Program)*

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UW Health Mindfulness Program  
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Phone: 608-265-8417

**Name:**

**DOB:**

**Gender:**

**Ethnicity/race:**

**Email:**

**Address:**

**Phone#:**

**Occupation/ Work Status:**

**Emergency contact (name/phone):**

**Preferred MBSR Class: (also, please indicate if you are available for either one)**

\_\_\_\_\_ **Sunday afternoon at Research Park (please see info sheet for dates/times/address)**

\_\_\_\_\_ **Wednesday evening at Research Park (please see info sheet for dates/times/address)**

**When and with whom did you take the 8-week MBSR class?**

**Please include dates, location and teacher.**

**Do you have a regular meditation practice?**

**If so, please state the number of times per week you practice, typical length of practice session, tradition/type of practice, and number of years or months you have been practicing.**

**Have you volunteered to assist an MBSR class with UW Health or another provider?**

**Please briefly list and share your experience.**

**Briefly describe your meditation retreat experience.**

**Please include dates, location, length of retreat, guiding teacher, theme or practice style.**

**Describe your experience leading/facilitating groups.**

**Please include setting, size of group, population served, frequency.**

**Please describe your background/training with movement practice and current movement practice (frequency/week):**

**Please describe any experience you have teaching any type of MBI (mindfulness-based intervention) and/or any other relevant mindfulness teacher trainings.**

**Do you have a degree and/or relevant certification?**

**If so, please specify type of degree (bachelors, masters) or certification, and in what field/discipline.**

**Please briefly describe any current personal challenges or circumstances that may impact your participation in this training, and/or supports you might need from the teachers.**

**Is there anything else that you feel might be helpful for us to know?**

**Please submit a personal statement addressing the following (no more than one page single spaced, please):**

**What draws you to participate in the MBSR Practicum?**

**Specifically reflect on:**

- **How has your experience of mindfulness practice impacted your life?**
- **What are you most interested in learning during this practicum?**
- **What are your concerns?**
- **In what professional and/or personal capacities are you interested in sharing mindfulness practices?**