



TRANSPERSONAL TRAINING

TRAINING APPLICATION

Grof Transpersonal Training application
2017

Grof Transpersonal Training

38 Miller Avenue PMB 516
CA94941, USA

Phone# (415) 383-8779

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gtt@holotropic.com

www.holotropic.com

Dear Applicant,

Thank you for your interest in applying for the Holotropic Breathwork facilitator training program. This international training program is the only training in the world offering certification in Holotropic Breathwork. Trainings are offered throughout the year in the USA, Russia, Australia, South America, Spain, England, Slovenia, Ukraine, the Czech Republic and other countries. For a complete schedule of trainings, please visit www.holotropic.com.

Please read through the accompanying application information packet before completing this application. If you have any questions about the program or would like more information, please contact us using the contact information above.

You may submit your application at any time, however the ideal time would be after attending one or two GTT modules, and before your fourth or fifth module, or whenever you are sure you would like to move toward certification. We ask that it is submitted no later than 6 months before applying to attend the two-week certification intensive as it can become confusing when applying for both the training and the certification intensive at the same time.

Please use the checklist at the end of the application pack before sending in your application.

Warmly,

Tav and Cary Sparks, directors, and the GTT team

Please note that you may not offer Holotropic Breathwork workshops or events until you have completed the training requirements and have been certified as a Holotropic Breathwork Facilitator by GTT.

**APPLICATION FORM FOR TRAINING IN
HOLOTROPIC BREATHWORK AND TRANSPERSONAL PSYCHOLOGY
Grof Transpersonal Training**

Name: _____

Place of birth: _____ Date of Birth: _____

Address: _____

City/State/Province: _____ Zip/PostalCode: _____

Country: _____ E-mail: _____

Phone: _____ Fax: _____

Profession: _____

Sex: male _____ female _____

Marital status: married _____ single _____ divorced _____ widowed _____

Children: number _____ ages: _____

First or preferred language: _____

Knowledge of other languages: _____

Education: _____

Previous training:

Psychology, psychiatry, and psychotherapy: _____

Body work: _____

Spiritual disciplines: _____

Other relevant fields: _____

Interests and hobbies: _____

Personal experience with psychotherapy and self-exploration:

Therapeutic: _____

Training: _____

Previous participation in Grof workshops or seminars: _____

Previous experience with Holotropic Breathwork: _____

How do you plan to apply what you've learned in the training? _____

Additional biographical information, minimum 1 page and maximum 3 pages.
(This information should elaborate on any relevant information from the above application)

Recommended for the training by: _____

(The recommendation should be from a certified HB facilitator and can be made by email)

Medical Form for Holotropic Breathwork Training Application

Breathwork is intended as a personal growth experience and should not be looked upon as a substitute for psychotherapy. Holotropic Breathwork can involve dramatic experiences accompanied by strong emotional and physical release. This workshop is not appropriate for pregnant women, or for persons with cardiovascular problems, severe hypertension, some diagnosed psychiatric conditions, recent surgery or fractures, acute infectious illness or epilepsy, or active spiritual emergency.

If you have any doubt about whether you should participate, it is essential that you consult your physician or therapist as well as the workshop organizers before attending.

The answers to the following questions are to assist your facilitators and will be kept strictly confidential.

Please answer all questions as completely as possible – adding further information at the end of the form where there are any ‘yes’ answers:

Do you have a past history of, have you been diagnosed with, or are you currently experiencing any of the following:	Yes	No
Cardiovascular disease, including heart attacks, any cardiovascular surgery and any cardiovascular symptoms such as arrhythmia or angina		
High blood pressure		
Strokes, TIAs, seizures, or other brain or neurological conditions		
Diagnosed psychiatric condition		
Recent surgery		
Past or recent physical injuries, including fractures or dislocations		
Present or current infectious or communicable diseases		
Glaucoma		
Retinal detachment		
Epilepsy		
Osteoporosis		
Asthma (if yes please bring your inhaler to the workshop)		
Other information:		
Are you currently pregnant?		
Have you been hospitalized in the past 20 years for significant medical issues?		
Have you ever been psychiatrically hospitalized?		
Are you currently in therapy or involved in any type of support group?		
Are you currently taking any type of medication? (If yes, please list)		
Is there anything else about your physical or emotional status we should be aware of?		

Emergency contact information:

Name _____ phone _____

If you answer, "yes" to any of these questions, it is essential that you explain your answer on the back or on an attached page.

PLEASE READ AND SIGN THE FOLLOWING STATEMENT:

I hereby confirm that I have read and understood the above information, and have answered all questions completely and honestly, and have not withheld any information. My general health, as far as I am aware, is good.

Signature & please also print your name Date Age Gender

ETHICAL AGREEMENTS OF HOLOTROPIC BREATHWORK PRACTITIONERS

Preface

The practice of Holotropic Breathwork involves work with clients in non-ordinary states of consciousness. It is described in the "Theoretical Principles of Holotropic Breathwork" by Stanislov and Christina Grof. As individuals or as individuals working in organizations, we subscribe to the value of self-examination in order to promote personal growth in ethics. Because practitioners who keep these Agreements avoid behavior that may be exploitative to participants and may also bring injury to the larger Holotropic Breathwork community, we subscribe to the principle that we need to give and receive feedback from each other in order to maintain the highest integrity in the Holotropic Breathwork community. We make the following agreements which specifically apply to our relationship with clients as practitioners of Holotropic Breathwork.

Agreements

1. We commit ourselves, as practitioners-in-training to practice Holotropic Breathwork only within the limitations of our training and competence, and to do so under the direct supervision of a Certified Holotropic Breathwork Practitioner.
2. We commit ourselves, as Holotropic Breathwork Practitioners to be open to receive feedback from other Holotropic Breathwork Practitioners. We also commit ourselves to give feedback to other Practitioners, especially when we believe that the other Practitioners have failed to keep one of the following agreements.
3. We will keep workshop clients/participants confidences within the limits of the state law.
4. We create a safe setting for clients, as defined by the Holotropic Breathwork Principles.
5. We will represent ourselves and act only within the bounds of our experience and competence and help our apprentices and trainees to do the same.
6. If we are certified and qualified to supervise trainees as apprentices, we agree to be responsible for providing ethical guidance to our apprentices (including these agreements) while they are under our supervision.
7. We continue to increase our Holotropic Breathwork competence.
8. As researchers, educators, and authors we are dedicated to presenting accurate information and to citing our sources.
9. Dual Practitioners risk role confusion and the appearance or reality of exploiting clients for personal gain. We agree to discuss with our peers any of our relationships with participants or apprentices. We agree to avoid and refrain from dual relationships, which may be exploitative sexually, emotionally, spiritually, economically, hierarchically, or ideologically.
10. We do not invite, project, respond to, or allow any sexual contact with our clients or apprentices.
11. We provide referrals to workshop participants who require follow-up or referral to local community resources.
12. We seek appropriate professional assistance for our own personal problems or conflicts, which may impair our work performance or professional judgments.
13. We respect the emotional, physical, mental, and spiritual autonomy of our clients. We enable them to choose freely with respect to participating in Holotropic Breathwork, following suggestions, and accepting physical interventions.
14. We maintain clear and honest business practices, including making agreements regarding appointments, workshop times and fees.
15. In establishing the rates for our services we consider the financial situation of our clients.
16. We recognize a responsibility to participate in activities that contribute to the community, including devoting a portion of our services for little or no financial reward.

I, the undersigned, agree to uphold the above Agreements of the Holotropic Breathwork community and the Association for Holotropic Breathwork International.

**GROF TRANSPERSONAL TRAINING PROGRAM PARTICIPANT CONTRACT
RELEASE, WAIVER, AND INDEMNITY OF LIABILITY AGREEMENT**

This form must be completed by EACH applicant planning on attending the Grof Transpersonal Training program ("Program") or any modules. This agreement ("Agreement") is entered into by _____ ("Participant") and Grof Transpersonal Training, its officers, agents, principals and employees (hereinafter collectively referred to as "GTT"). In consideration of being admitted to the Program and permitted to participate in the activities and modules I hereby agree as follows:

1. Participant has read and signed the following Ethical Agreements of Holotropic Breathwork Practitioners; Principles of Holotropic Breathwork; and GTT Requirements for Certification in Holotropic Breathwork and agrees to comply with them.
2. Participant understands that a violation of the aforementioned GTT Ethics, Policies and Procedures Guidelines would be grounds for dismissal from the Program. Participant also understands and agrees that he/she is attending the Program at the discretion of GTT and can be dismissed from the Program at any time without being informed of the reason for dismissal.
3. Participant has filled out an Application Form for training. That form is fully incorporated into this agreement.
4. This Agreement is made and entered into under the laws of the State of California and the United States and shall be interpreted, governed and enforced under and pursuant to these laws. Should Participant or GTT bring an action to enforce the terms of this agreement Participant agrees to personal jurisdiction in California and waives any rights he/she may have in litigating in any other jurisdiction.
5. Participant agrees that should an action be brought against GTT for any reason whether to enforce the terms of this agreement or on some other basis, Participant agrees that all disputes between Participant and GTT will be litigated in California and Participant waives any rights he/she may have in litigating in any other jurisdiction.
6. Participant has filled out the Medical Information Form and certifies that he/she does not have any medical or physical conditions which would impair or affect his/her ability to engage in any activities or which would cause any risk of harm to Participant, other participants and/or GTT or otherwise endanger Participant's health while attending GTT. Participant further agrees that it is Participant's responsibility to maintain the accuracy and contemporaneousness of the Medical Information Form. GTT will assume that Participant's Medical Information Form is correct until Participant files an updated or corrected form. The medical information is fully incorporated by reference within this agreement.
7. Participant is aware that certain activities he/she may engage in during the Program are physically, emotionally and mentally stressful. Participant agrees to assume full responsibility for his/her own physical, emotional and mental health and hold harmless GTT from any physical, emotional and/or mental damage that may be attributed to GTT. Participant further holds harmless GTT from any and all loss, liability,

injury, damage or cost which may arise out of or in connection with participation in the Program.

8. Participant waives, releases and discharges any and all claims, rights and/or causes of action which he/she now have or which may arise out of or in connection with participation in the Program as well as which may arise out of or in connection with Participant's attendance and/or participation in the activities associated with the Program. Therefore, under no circumstance will Participant prosecute or present any claim for personal injury, property damage or any other cause of action against GTT.

9. This agreement is binding on Participant's heirs, assignees, dependents, personal representatives and estate.

10. No oral representations, statements or inducements have been made to Participant to cause them to enter into this agreement.

11. At the choosing of GTT any claim or controversy that arises out of or relates to this agreement, or the breach of it, may be settled by arbitration in accordance with the rules of the American Arbitration Association. Such arbitration shall be binding upon the parties and Judgment upon the award rendered may be entered in any court with jurisdiction.

12. Should GTT be successful in bringing an action to enforce the terms hereof or successful in defending itself from a suit brought by Participant, GTT shall recover all costs and expenses incurred in such action, including reasonable attorneys' fees.

13. Should any provision of this Agreement be held invalid or illegal, such illegality shall not invalidate the remainder of this Agreement. In that event, this Agreement shall be construed as if it did not contain the invalid or illegal part, and the rights and obligations of the parties shall be construed and enforced accordingly.

I have read this agreement and understand it contains release of all claims language for injuries and damages. I voluntarily sign my name evidencing acceptance of the provisions of this agreement. If English is not my native language I have either studied enough English to be able to read and understand this agreement, or I have had this agreement explained to me in my native language.

Date

Grof Transpersonal Training

Printed name of participant

CRITERIA FOR BECOMING A HOLOTROPIC BREATHWORK PRACTITIONER

I acknowledge that, in addition to completing the basic requirements for certification in Holotropic Breathwork, I must also demonstrate proficiency in:

1. A theoretical understanding of the Holotropic perspective and transpersonal psychology
2. Knowledge and practice of Holotropic Focused Release Work
3. The theory of how music is used in Holotropic Breathwork, and creating a set of music for a Holotropic session
4. Facilitating and leading Holotropic groups

I must also demonstrate a certain level of psychological and spiritual maturity that allows me to work with others in a safe and respectful manner, within the spirit and guidelines of Holotropic Breathwork.

I am committed to continuing professional development and agree to complete the CPD requirements described on page 6 in order to remain certified as a Holotropic Breathwork facilitator. I will submit evidence of completion of the requirements within each 3-year period after certifying.

I have read the “Principles of Holotropic Breathwork” and understand that these are the guidelines that define Grof Transpersonal Training.

I have read and accepted the conditions and terms of this program as described in the GTT training information pack and in the documents that accompany this form. I hereby confirm that I do not have any of the physical conditions considered to be contraindications for Holotropic Breathwork: serious cardiovascular problems (history of heart attacks, cardiac insufficiency, malignant hypertension, arteriosclerosis, arterial aneurysm, and any similar disorders), glaucoma, or epilepsy, and that I am generally in good physical health.* I have been informed that personal Holotropic work is not recommended during pregnancy. I also understand that the offered program is structured as an educational experience and its format is not suitable for treating serious emotional disorders or spiritual emergencies. I assume full responsibility for my health and will not hold the organizers responsible for any disorders or complications that might develop during the training period

Signature

Print name

Date

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CHECKLIST FOR TRAINING APPLICATION

Please use the checklist below to make sure that you have included all necessary information with your training application pack.

Your training application can be submitted by mail or email to the following”

GROF TRANSPERSONAL TRAINING Phone: (415) 383-8779
38 Miller Ave. PMB 516 Fax: (415) 383-0965
Mill Valley, CA 94941 gtt@holotropic.com
USA www.holotropic.com

Documents and supporting information required:	Please tick or add comment
Training application form (including biographical note)	
Recent photograph sent electronically	
Recommendation from a certified HB facilitator	
Completed and signed medical form	
Signed Ethical Agreements for HB	
Signed Criteria for Certification	
Signed Participant Contract and Liability Agreement	
\$75 application fee (and method of payment)	