



# Hakomi Institute of Canada (Hakomi Calgary) Application for Admission

Date of Application: \_\_\_\_\_

Location of Training: \_\_\_\_\_ Training date: asap\_\_\_\_ other\_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_

Email: \_\_\_\_\_

## **In emergency please notify:**

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Employment:  
\_\_\_\_\_  
\_\_\_\_\_

## **Questions 1 to10**

1. Give us a brief commentary on your experience in Hakomi related workshops and let us know what draws you to study further.

2. What is your vision or goal for applying what you learn in this training? How does it fit into your career and life goals?

3. Describe your experience working one-on-one with clients. Include the kind of practice, nature of your work, type of clientele and the degree of success and satisfaction you feel you receive from your work.

4. Training in the Hakomi Method often results in significant personal growth as well as professional development, and students are expected to engage in and support this evolution. Tell us about your experiences in psychotherapy, bodywork or other therapeutic modalities, and how you will support yourself through the changes that may occur during this training. Include both factual details such as dates and personal impact.

5. Students are expected to practice with non-student clients outside of class. Please let us know how you will find practice clients with which to work. (Disclosure forms will be offered in the training).

6. Using at least one half side of a page, describe what kind of person you are.

7. A significant element of the Training will be the creation of a group dynamic that supports a vibrant learning environment. We expect students to interact as adults, to be able to regulate strong feelings and to find collaborative ways to solve interpersonal conflicts. Tell us about your experiences and style as a group member, how you resolve interpersonal conflicts, where you may need help with this and how you see yourself adding to the richness and preservation of the group. Include topics like leadership, extroversion/introversion, how you prefer others to be, difficulties you typically experience, etc.

8. Please let us know about any medical conditions or personal factors you may have or have had in the past, including psychological diagnosis, that may effect your participation in this Training.

9. Are you presently on any medications? \_\_\_ Yes \_\_\_ No Please list medications and conditions for which you are taking them:

10. Is there anything else you would like to tell us that you feel would help us to know you better?

**\*\*Please submit your resume (educational and work history, related experience) and \$25 US application fee payable to Jaci Hull with your application\*\***

Mail to:

**Jaci Hull  
Suite 208  
1137 Pearl St.  
Boulder, Co. 80302**

For further information contact: **Arlene Cassidy, C.H.T., R.Psych. at 403-244-6920 or [arlene.cassidy@shaw.ca](mailto:arlene.cassidy@shaw.ca)** or see our website: [www.hakomicalgary.ca](http://www.hakomicalgary.ca)

Thankyou.