

TRAUMA-INFORMED TEACHER TRAINING

APPLICATION FORM

1. PERSONAL INFORMATION

Full Name

[_____]

Date of Birth

[_____]

Phone

[_____]

Email

[_____]

Address

[_____]

2. EMERGENCY CONTACT

Name

[_____]

Relationship

[_____]

Phone

[_____]

3. CARE TEAM

General Practitioner (GP)

Name: [_____]

Clinic: [_____]

Phone: [_____]

Psychiatrist

Name: [_____]

Clinic: [_____]

Phone: [_____]

Psychologist / Therapist / Counsellor

Name: [_____]

Modality: [_____]

Phone: [_____]

Other Practitioners

Name & Role: [_____]

Contact: [_____]

4. DIAGNOSES & MEDICATION

Psychiatric Diagnoses (current or past)

[_____]

[_____]
[_____]
[_____]

Are you currently taking psychiatric medication?

☐ Yes ☐ No

If yes, list below:

Medication(s): [_____]

Dosage(s): [_____]

Prescribing Doctor:

[_____]

Recent medication changes (past 6 months)?

☐ Yes ☐ No

If yes, describe:

[_____]
[_____]
[_____]
[_____]

5. SAFETY & STABILITY SCREENING

Active addiction currently?

☐ Yes ☐ No

Current domestic/family violence?

☐ Yes ☐ No

Active suicidality (past 6 months)?

☐ Yes ☐ No

Psychosis or mania in last 12 months?

☐ Yes ☐ No

Note: Applicants currently experiencing active addiction, DV, active suicidality, or recent psychosis cannot be accepted at this time.

6. HEALTH HISTORY

Significant medical conditions

[_____]

[_____]

[_____]

[_____]

Neurodivergence or relevant considerations

[_____]

[_____]

[_____]

[_____]

7. MOTIVATION & READINESS

Why do you feel called to undertake this training?

[_____]

[_____]

[_____]

[_____]

Have you participated in trauma-aware or somatic programs before?

☐ Yes (describe below)

[_____]

☐ No

How do you regulate or ground yourself during activation?

[_____]

[_____]

[_____]

[_____]

Do you have support outside the training?

☐ Yes ☐ No

If yes, describe:

[_____]

[_____]

8. CAPACITY & COMMITMENT

Are you able to commit to the time, emotional presence and coursework?

☐ Yes ☐ No

9. ADDITIONAL NOTES

[_____]

[_____]

[_____]

10. DECLARATION

“I declare that the information provided is true to the best of my knowledge and understand that acceptance is based on safety and readiness.”

Name: [_____]

Date: [_____]

Signature: [_____]