Application for
Craniosacral Therapy Training Program
with Peggy Reynolds

Download this fillable PDF and open it with Adobe Reader to complete the application form.

If you have any questions about this application, please contact Peggy Reynolds at preynolds789@gmail.com.

Save your application and use your full name and the date in the file name (i.e., Craniosacral-Training-Application-Jane-Doe-2025-02-23.pdf).

Email your application to Peggy Reynolds at preynolds789@gmail.com with the subject line: "Craniosacral Training Application – Your Name"

The application form is to support you in your journey as a craniosacral therapist. The information given in this application is kept confidential. Course participants are asked to have some knowledge of anatomy, physiology and experience in some form of body oriented therapy. Class size is limited and candidates will be admitted on a basis of date of application, degree of experience, ability to benefit from the class, meeting of pre-requisites and willingness to follow agreements set forth by teaching faculty in respect to the safety of self and others.

Name

Street_____**City**_____

State_____**Zip**_____

Phone (hm)_____**(wk)**_____**Email**_____

Date of Birth_____ **Profession**_____

Family/Relationship (married/partnered/single, children)

Education & Training

Formal Education (Please be specific: Title, dates, location, etc.)

Professional Qualifications (Certifications, Association registrations, etc.)

Description of Professional Practice (Nature of practice, clients per week, years in practice)

Training in Anatomy and Physiology (Courses, hours, specialty knowledge areas)

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Previous Craniosacral Therapy and Body Oriented Training (Please be specific: provide title, hours, dates, etc.

Health Profile

Current Health (Illnesses, symptoms, diagnosis)

Current and Past Medication and Drugs (Including prescribed and recreational drug, i.e tobacco, alcohol, etc.)

Physical Health History (Major illnesses, accidents, falls, hospitalizations, surgeries, etc.)

History of severe emotional loss or trauma

History of any mental health diagnosis or conditions

History of hospitalization, depression, medication

Your Birth History and Childhood (any known details, any relevant history)

Birth History of your Children (Natural, home or hospital birth, induced labor, anesthesia, C-section, etc.)

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Significant family dynamics and history

Current & Past Therapy (Current therapeutic modalities that you are experiencing as client/patient)

List any people, creatures, places, modalities, pastimes or interests that support you and your life?

Why would you like to take this training?

What do you expect from this training and in what manner do you intend to use it?

Any Other Relevant Information to Support or Enhance Your Application

Please list two professional references (name, address, phone #) and attach letters of recommendation from both. They may also be contacted about your abilities to benefit from and apply yourself to the training.

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Due to the deep nature of this work, your personal process may come to the surface. The classes and training are not a process workshop, yet it is recognized as a natural unfoldment. In order to appropriately contain processes within class time, it is required that you be familiar with your own process and have outside resources available to support you. In signing below, you acknowledge that you have this support available and are willing to seek it. You also acknowledge that during this training that you take care of your health conditions, continue and/or seek the appropriate medical or psychological care and advice for them. The training is for professional practitioner development. It is not a replacement for them.

Signed Date