

Therapist Application
Mentoring for Mastery with Carole Osborne

Personal Profile

Name _____

Address _____

Phone(s) _____

Email _____

Website _____

Social Media Accounts _____

Foundation Education Profile

School name and location where you studied massage

Hours completed _____ Graduation date _____ Type of credential _____

Additional Information and Comments

Continuing Education Profile

In what 3 subjects do you have most of your continuing education? List sources and dates.

1. _____
2. _____
3. _____

Please list types, instructor and dates of any certifications or specialization documents of advanced or comprehensive studies.

Additional Information and Comments

Practice Profile

In what settings are you currently practicing massage?

Part-time _____

Full time _____

What modalities you are proficient with and use often in your practice?

What modalities you are familiar with and occasionally use in your practice?

What are your future aspirations for your practice of therapeutic massage and bodywork regarding settings and modalities mastered?

If you have a bodywork resume, please feel free to add it to this application, but not as a replacement for the answers to the questions above.

Mentoring/Supervision Priorities

Mentoring that enhances your career longevity can be both broad and specific. Please rank with the numbers 1-14 the needs listed below. Use #1 to designate your greatest interest and need, and then continue using each number only once until all are ranked for you. Mark with a zero (0) any that are not relevant to you at this time.

- Treatment/technique questions
- Complex client treatment guidance
- Your body use, injury prevention/healing
- Client relations issues (dual relationships, boundaries, victim/savior dynamics)
- Other ethical issues
- Your feelings compromising work
- Clients' feelings overwhelming you
- Guidance working with trauma recovery, depression, substance abuse, other somato-emotional issues
- Interaction with other healthcare providers
- Interaction with employers or employees
- Burnout, boredom, at a plateau
- Finding/refining your niche/specialization
- Financial stability and success
- Other not listed here

Please attach a brief personal statement about your specific mentoring needs, particularly addressing anything not covered in the categories above or specifics about any of those topics.

The Logistics

Are you able to meet monthly in San Diego with your group? Yes No

Comments:

Do you have computer/internet access and skill to participate in an online discussion group as needed (GoogleCircles or closed Facebook group)? Yes No

Comments:

When would you like to begin receiving mentoring?

Will you make a 6 month commitment to participate in your group? Yes No

Do you need a group that has monthly meetings online rather than in person in San Diego? (via Google Hangouts or other form of virtual meeting) Yes No

If you have a group of therapists in your area seeking mentoring, please contact Carole to discuss the possibilities of her traveling to your area for monthly meetings.

Acceptance of Terms

Carole will review your application to determine how she can best meet your needs. After discussion of the type and group she recommends, you will be included in an appropriate group. You will be asked to sign an agreement that includes the following terms. Please comment below if you have questions or concerns about these agreement terms.

I understand by signing this agreement that I am committing to six months active participation in a supervision group. My group will include as many as six therapists total. We will meet for 1.5 hours each month in person with Carole at a pre-determined day/time, scheduled prior to the group beginning. If I am unable to attend one of the meetings, I will contact another group member if I wish to find out what was discussed. Carole will not be conducting make-up meetings for any missed.

I will interact as desired in a closed online discussion group that Carole participates in at least once weekly.

I can schedule up to one hour of individual consultation with Carole during my 6 month program. (Additional individual sessions for mentees are available at a discounted rate.)

I will make a \$600 investment payable in full prior to program's beginning. This will give me a \$50 discount (\$550 total tuition).

OR

I will pay half of the full tuition prior to the start date, with balance due during fourth month (\$600 total tuition).

Check preferred; MasterCard, Visa and PayPal payments accepted if necessary.

If I must withdraw, I can make a request for refund stating my reason for withdrawal. In most cases, only the portion of payment unused, minus a \$100 cancellation fee, will be refunded within 30 days of withdrawal; however, each situation will be considered individually.

In order to create a safe environment for myself and others, I agree to:

- Confidentiality – “what’s shared here, stays here”
“we have the right to be someone else outside of the group”
- non-judgment – I am committed to be aware of my own judgments about myself & others and the effects of judgment on myself & others
- authenticity and honesty with myself and others
- the right to choose how much I participate and/or process
- pay attention and be present
- respect myself and others (boundaries, touch, etc.)
- voice my feelings (or not)
- be ok with using mentor group experiences for learning
- not take things personally
- offer respectful, non-invasive support → non-violence
- be patient with the learning process and my discoveries
- have permission not to be perfect
- respect personal bodily needs (bathroom, food, water, etc.)
- honor my own and others’ individual journey that has come before
- to be mindful of making assumptions and to remain open

- to bring beginner's mind to the group
- honor each others' time: prompt beginnings and endings, not waste time

Signature _____ Date _____

Please include below any additional information, questions, or concerns that you have regarding receiving mentoring and practice supervision from Carole.