# **Capacitar Multicultural Wellness Training in Healing & Transformation**

# Application Form – 2021

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| Name: |  |
| Work E-mail: |  |
| Home email: |  |
| Which email would you prefer us to use? | Work/Home |
| Address: |  |
| Phone: |  |
| Responding briefly either on this form, please tell us a little bit about yourself and why you are interested in doing this training. |  |
| Do you have any previous experience with Capacitar programmes or practices? |  |
| Please tell us how would you anticipate using this training in your current role to support other staff? |  |
| Are you able to commit to attending all four of the scheduled modules? |  |
| Do you have the support of your line manager to share the practices with your team as part of your collective wellbeing support for staff at this time? |  |
| Manager’s email address: |  |