



ICU Teaching Project

Application Form

Name:

Address:

D.O.B / Age:

Telephone/Mobile no:

Email Address:

Occupation:

No. of Children:

Please answer ALL the following questions. Should you need more space please use the Additional Information sheet at the end of this form. **Please also enclose a recent photograph.**

How did you hear about ICU?

What do you know about ICU?

What do you believe you will gain from this training?

Why should you be considered to train as an ICU Teacher?

What Spiritual experience do you have?

What are your current Spiritual practices?

Have you attended and completed the Awakening The Illuminated Heart Workshop?

YES **NO**

Please give examples of experiences where you have had to remain heart centred.

Are you a Starseed? YES **NO**

What is your understanding of a Starseed?

What are your fears, doubts and expectations?

What are your strengths and weaknesses?

What teaching experience do you have, especially working/interacting with children?

Do you have any criminal convictions? (Please include anything that is pending).

Do you have any mental health issues? (If yes, please give details).

Are you currently taking any medication and/or using social drugs? (If yes please give details).

Please give details of your physical and/or mental health including any illnesses, disabilities and/or hospitalisation.

Are there any reasons why you cannot or should not work with children?

UK – Do you hold a current DBS check, if so what level and when does it expire?

Personal Statement

**Please supply any further information to support your application.
Please continue on the additional sheet if necessary.**

Statement

All information provided will be treated in the strictest confidence and used as part of the selection process for the ICU Teaching Project.

Should you be accepted onto the ICU Teaching Project a deposit will be required within 7 days to hold your place.

Full and final payment is due 2 weeks prior to the start of the training.

All Booking Fees are non-refundable.

If the organiser cancels the training, a full refund will be paid. Personal expenses are non-refundable.

UK - You will be required by law to hold a full DBS Disclosure to work with children; ICU Academy can organise this for you, the cost will be applied at time of the DBS application.

Should you be successful with your training, you will present 2-4 case studies, having worked with 2-4 children for 7 - 10 sessions. Case study payments may be minimal charge or by donation.

I agree to take a simple, formal exam to complete my training, where necessary.

Upon successful completion of all 2-4 case studies and the written exam you will be certified as an ICU Teacher.

I agree to adhere to the ICU Academy Guidelines as a Trainee & Qualified ICU Teacher and agree, if required, to attend the Awakening the Illuminated Heart workshop.

I agree to sign an Undertaking before my training begins.

I accept the above specifications and the final decision with the selection of candidates.

I accept that this training is a beautiful gift to humanity and I will endeavour to act accordingly.

I agree to keep the work of ICU sacred and honourable.

I believe the above information is correct, to the best of my knowledge.

Name: _____

Signature: _____

Date: _____

Additional Information

Please attached a recent photograph of yourself.