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| **UK Mindfulness Centres Collaboration**    **Application to train as an MBCT Supervisor in**  **MBCT in NHS Talking Therapies Training Programme (formerly IAPT)** | |
| **Your details:** | |
| **Name** |  |
| **Job title** |  |
| **NHS Talking Therapy Service** |  |
| **NHS Trust** |  |
| **Email address** |  |
| **Telephone number** |  |
| **Your qualifications and experience:** | |
| **Clinical qualifications**  *CBT, including other relevant qualifications* |  |
| **MBCT training and qualification(s)**  *Please include the training provider/location and when you completed the training* |  |
| **How many MBCT Groups have you run, over what period and in what context?**  *Please include approximate dates (yy - yy)* |  |
| **Have you run any other Mindfulness groups/8-week groups?**  *Yes/No*  *If yes please provide details* |  |
| **Have you previously completed the 2 - 5 day generic IAPT Supervision training?**  *Yes/No*  *If yes please provide further details including date of training* |  |
| **Do you have experience of supervising others in other modalities (not MBCT) in NHS Talking Therapies (formerly IAPT) services?**  *Yes/No*  *If yes, please provide further details* |  |
| **How many months/years supervisory experience do you have?** |  |
| **BAMBA Registration:** | |
| **Are you BAMBA registered?**  *Yes/No* |  |
| **Line Manager/Service Lead details:** | |
| **Does your line manager and service lead support this training application?**  *Yes/No* |  |
| **Line Manager name and email address** |  |
| **Service Lead name and email address** |  |
| **Availability for training:** | |
| **Training is likely to take place between mid to late 2024, are there any dates you would be unable to attend?**  *Yes/No*  *If yes please provide further information* |  |
| **Additional information:** | |
| *Please provide any other relevant information to support your application:* | |
| **Please return your completed application to** [**smc@spft.nhs.uk**](mailto:smc@spft.nhs.uk) | |