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| **UK Mindfulness Centres Collaboration****Application to train as an MBCT Supervisor in** **MBCT in NHS Talking Therapies Training Programme**  |
| **Your details:** |
| **Name** |  |
| **Job title** |  |
| **NHS Talking Therapy Service** |  |
| **NHS Trust** |  |
| **Email address** |  |
| **Telephone number** |  |
| **Your qualifications and experience:**  |
| **Clinical qualifications** *CBT/Counselling, 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? Eg MBSR***Yes/No**If yes please provide details* |  |
| **Have you previously completed the 2 - 5 day generic NHS TT 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 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 early and mid 2026. 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 spft.****smc@nhs.****net and** **robert.marx@nhs.net** **by Weds 1st October 2025.** |