

HOW to APPLY

1. **Fill this Application Form.** Title it: **(Last Name) IPB Application** (Example: Stager IPB Application). Save as PDF. Email to MotherTouchClasses@gmail.com

2. **Schedule a call** with Leslie to discuss class, ask questions, and complete application interview. Once accepted, proceed to step 3.

3. **Within 1 week of acceptance, pay \$250/non-refundable** deposit to secure your spot.

Name: _____ Date: _____

Phone _____ EMAIL: _____

Massage License number (or other health professional license): _____

Where are you licensed and practicing? _____

Is internal cavity work within your scope of practice in your state?
(yes in Oregon)

(Y/N) _____ Which State _____

PREREQUISITES: Please check below that you have each of the prereqs:

___ Massage therapist, midwife, or professional with hands-on practical experience
License # and type _____.

___ Experienced maintaining clear boundaries, reverent intent, emotional support for clients.

___ Commitment to attend all class hours, complete all homework assignments, and present on chosen topic during class

___ Some training with External pelvic bodywork
List relevant classes and teachers: _____

___ Capacity for self-regulating and moderating personal trauma triggers. I am aware that this class is not intended as an emotional or trauma processing class, but primarily a practical skills class. Due to the nature of the work, there is bound to be emotions or memories stimulated at times. I have the skill to take responsibility for my own emotional process, step out of personal process and focus my attention on practical learning.

___ Commitment to learning, practicing, receiving INTERNAL vaginal bodywork! If you are unable to receive internal vaginal bodywork please mention this in your application and discuss with Leslie during phone interview or via email.

___ Proof of Negative PCR test taken 3 days prior to class.

___I agree to wear a K-N95 or N95 mask during indoors session times if deemed necessary by instructor.

Have you had an internal pelvic bodywork session—(when/with whom?)

List your primary goal(s) for taking this class:

List your previous bodywork background/courses that might have prepared you for this course:

How do you expect to use this skill in your practice?

What you see as issues for you to be able to offer this work in your community, and how you will address these issues?

What do you believe are common physical-emotional concerns for women who seek this work?

What qualities make you a good person to offer internal pelvic floor work to your clientele?

What is your background, experience, or comfort working with clients dealing with trauma?

List any specifics that you hope to learn in this training:

⊖ Have you been Covid-Vaccinated? (Please attach a copy of your vaccination record).

⊖ Do you plan to be vaccinated by the time of class?

If a house is rented as a venue for class, do you want to rent a room there for duration of class?

Please add a photo of yourself so I have a face associated with your name!!