

**2016 TRAINING PROGRAM APPLICATION**

4 Year Certified Practitioner Program  
2 Year Personal Growth Program

*Please provide the following information:*

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about the Outrageous Eros training program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you participated in any events and workshops with Integral Evolutionary Tantra?

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\_\_\_\_\_  
\_\_\_\_\_

Other Tantra/Sacred Sexuality education and trainings?

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Job history in the last 5 years:

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Education:

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Have you ever been in a therapy? What type, when and for how long?:

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Medical conditions (physical or emotional, past and present):

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Current medications (Please specify what conditions they are for):

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Do you have a history of substance abuse?

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Do you have any criminal convictions or have professional misconduct charges ever been filed against you?

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### **Application Requirements**

In order for the Institute to learn more about you, please write an autobiographical statement, limited to three (3) typed pages, of the major emotional and spiritual events in your life.

Please include answers to the following questions:

- What's your motivation for applying to the program?
- What's your experience with therapy and healing?
- How can this program help you advance your personal and professional goals?
- What are the strengths that you bring into the program?
- What are your limitations and weaknesses that you are aware of and need help to transcend?
- How might these limitations get in the way of your work in the program?
- Name the top three things you would like to shift about yourself or your life?
- What would need to happen for the training to be a success?
- Do you have a spiritual practice. If so, please describe.
- Is there anything else that feels important for us to know about you?

### **Letters of Recommendation**

We require one letter of recommendation from a colleague, mentor or therapist that is to be sent to us directly. Please have them send their letter to: [contact@integralevolutionarytantra.com](mailto:contact@integralevolutionarytantra.com). Their letter should include a clarification of their relationship with you and why they feel you are a potential candidate for enrollment into the Outrageous Eros training program.

### **Application Fee**

There is a **non-refundable application fee of \$50.00** payable by check to: Integral Evolutionary Tantra.

### **Application Review Process**

You will be contacted to begin the interview process after your application and fee have been received.

### **Submission**

This application form, together with the \$50.00 check, and your biographical statement must be submitted by email or mail to:

Institute of Integral Evolutionary Tantra  
ATTN: Admissions  
36 Peck Slip, Suite 2D  
New York, NY 10001  
[contact@integralevolutionarytantra.com](mailto:contact@integralevolutionarytantra.com)

*The application fee and all supporting documents must be received before your application will be processed.*