

**BIODYNAMIC ADVANCED MENTORING:  
INTRAOSSEOUS MOTILITY OF THE CRANIUM**

**SCOTT ZAMURUT, RCST® • WITH TEENA WALKER, BCST**

**MENTORING GROUP APPLICATION**

Please supply all information requested and answer all the questions as completely as you can, you may email your responses without repeating the questions. Applications for all mentoring groups are considered without regard to gender, gender expression, sexual orientation, abilities, race/ethnicity, age, or religion.

**Application process:** You will be notified of your acceptance within two weeks of the receipt of your completed application. Once accepted you will be asked to reserve your space in the group with a \$100 non-refundable deposit. This amount will be credited towards the total cost of the mentoring group.

**Please email your response to: [scott.zamurut@me.com](mailto:scott.zamurut@me.com), or text to 720.841.4415**

**Personal Information:**

Name:

Preferred Pronouns:

Date of Birth:

Address:

Phone: home/cell/work

E-mail address:

Emergency Contact (name, email, and phone):

**Continued on next page...**

**PLEASE PROVIDE YOUR ANSWERS FOR THE FOLLOWING:**

- 1. Please tell us about your current professional practice. Is Biodynamics the core of your practice, or an adjunct?**
  
- 2. What is your training background Biodynamic Craniosacral Therapy (BCST)?**
  - Are you an RCST®? Please provide name of teacher/school and date of graduation.
  - If you are not an RCST® please describe the craniosacral therapy training(s) you have completed, who you trained with, and how many hours of training have you completed. Also please let us know about the orientation or style of the CST you were trained in. Your application may require a follow-up conversation with Scott.
  
- 3. Please share your motivation for participating in biodynamic advanced mentoring.**
  
- 4. Please tell us about your experience as a participant in groups.**
  - What challenges do you encounter in groups?
  - What creates safety for you in groups?
  
- 5. Do you have any medical condition or learning challenges which could impact your participation in the learning environment? What would support you?**
  
- 6. What else you would like us to know about you?**

**Thank you.**