

Ansøgning om optagelse

Se optagelseskriterier, herunder dispensationsmuligheder, i studiehåndbogen for ITP- uddannelsen.

Ansøgningen består af to skemaer, der begge skal udfyldes omhyggeligt for, at ansøger vil blive taget i betragtning til optagelse på uddannelsen. Det nederste skema vedrører deltagelse i ceremonier i The Magic Garden.

Det udfyldte ansøgningskema sendes via mail til: ecaterina@themagicgarden.dk.

Optagelsesprocedure

Vurderes du at være kvalificeret til uddannelsen, indkaldes du til en samtale.

Ansøgningskemaet vil tilsammen med samtalen danne grundlag for at meddele enten op- tagelse eller afslag til dig. The Magic Garden ApS.

Skema 1

Fulde navn	
Telefonnr. og email	
Uddannelse og kurser	
Aktuel beskæftigelse /job	
Beskriv hvilke personlige erfaringer du har med terapi, spirituel praksis og indre rejser med det helliges teknologier.	
Beskriv hvad dine ønsker og mål er med at tage uddannelsen.	
Har du på nuværende tidspunkt en fornem- melse af, om du ønsker at tage hele den 4-årige uddannelse til psykoterapeut eller kun prakti- keruddannelsen (de første to år), så skriv enten praktiker eller psykoterapeut.	

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DK
CVR - 37937045
+45 23709898



The Magic Garden

Skema 2

Application form
Participation in ceremonies

Please write on a computer.

Please write in danish if it is your mother language.

Privacy Policy:

Your information will be safely stored and will not be shared with third party.

IMPORTANT!

Please attach a photo of you on this page. If it is not easy to do technically, please attach a photo of you in the email: info@themagicgarden.dk

Your photo here.

Your full name	
Your email address	
Your phone number	
Gender	
Your address	
What is your day to day job?	
We kindly ask for your date and town of birth with the purpose of seeing the planets position and your age.	
Emergency contact name, relationship, contact number.	
Dates of the retreat you would like to participate in. Please write 2 or 3 dates, so we can find a spot for you at the first possible date. https://www.themagicgarden.dk/calendar	
How did you find us? If it is through another participant please write his / her name.	
Why do you want to attend?	

<p>Tell us about your experience with related practices (including meditation, breathwork, martial arts, sound healing, dance, yoga, time spent in the wild and nondual contemplation).</p>	
<p>Tell us about your past and present use of psychoactive substances (including legal substances such as alcohol, nicotine and caffeine, and illegal ones such as psychedelics, MDMA, ketamine, cocaine, etc).</p>	
<p>The food served is vegetarian. Do you have further dietary requirements? Is there something you must not eat?</p>	
<p>Do you tolerate honey?</p>	
<p>Are you allergic to something?</p>	

As we work with powerful methods that can open up to deep trauma, powerful body reactions and non-ordinary states of consciousness, it is important that you have a relatively stable physical and mental condition.

It is important that you are careful to fill in the form and provide us with all the information that may be relevant to your physical and mental condition.

Please answer yes or no to each question.

If you answer yes to some of the questions, **please explain in the box below all of the Yes.**

If you have experienced violence done to you please explain from whom, what kind and when.

If you have been violent please explain to whom, what kind and when.

If there is anything you are in doubt about, or if you have any questions please contact us.

Checklist for physically and mentally relevant information.	YES	NO
Do you get prescribed medicine?		
Hypertension		
Physical damage, incl. bone fractures		
Operation within the last two years		
Do you have an infection or contagious disease?		
Osteoporosis		
Heart diseases		

Circulatory Disease		
Asthma / glaucoma / epilepsy / retinal solution		
Have you been hospitalized in the last two years?		
Have you been in a psychiatric department / do you have a psychiatric diagnosis?		
Are you pregnant?		
Have you been violent?		
Have you been exposed to abuse or other traumatic events? Have you had or have a mental management?		
Have you been beaten by your mom or dad in your childhood?		
Have you been exposed to mental violence in your childhood?		
Have you had or have mental disorder?		
Have you had or have anxiety disorder?		
Have you had or have clinical depression?		
Have you had or have Dissociative Identity Disorder		
Bipolar disorder		
Schizophrenia		
Suicidal thoughts		

Self-harming		
OCD		
ADHD		
PTSD		
Autism		
Alcoholic / addicts		
Did you tried to commit suicide?		
Does your family have one of the issues from above?		

Please share your struggles/challenges (emotional, mental or physical) from your childhood and adult life, so we are equipped to help you adequately. To understand better, why we require this information: Imagine when you go to the medical doctor when you have an issue, you are expected to explain about the origins, duration and symptoms of that issue. Please explain any conditions you have answered YES to.

The Magic Garden ApS Health Screening & Full Disclosure

We carefully screen each guest for their safety prior to attending a tour. All herbal supplements, natural medicines, and medications (prescription and over-the-counter) must be disclosed and subsequently approved for use by The Magic Garden ApS. All herbal supplements, natural medicines, and medications (prescription and over-the-counter) cannot be taken during the course of the tour without the express permission of The Magic Garden ApS. You hereby agree that all information you provide in the application is correct and current and that you have disclosed all physical and psychological conditions as well as all herbal supplements, natural medicines and medications (prescription and over-the-counter) that you are taking. In some cases, you will be contacted personally by one of our staff to ensure that you are prepared for the experience.

The Magic Garden ApS is not a medical facility and its owners, staff, employees and agents are not licensed medical doctors, psychologists, or psychiatrists. We do not practice medicine, diagnose, cure, or treat disease or illnesses. Instead, we function as spiritual guides and midwives and offer ceremonies/sessions for the purpose of spiritual communion, transformation and healing.

Dietary & Behavioral Restrictions: Consumption of alcohol and street drugs are not allowed at any time during the tour. You must also abstain from alcohol consumption and the use of street drugs for 7 days after the ceremony / session. There is to be no sexual activity whatsoever between guests and/or staff during a tour. Should you develop a sexual or romantic interest in another person, we request that you delay any physical displays or expressions of it until the tour is over. The reason you are at the retreat is to transform your life, so the fokus is on that.

Please write X if you accept.

_____ I accept The Magic Garden ApS screening & Full disclosure.

Agreement

The following is a contract with you with agreements that you undertake to comply with. It is both for safety reasons and to give you the most out of the journey. In powerful non-ordinary states of consciousness, the inner and outer world can become mixed together, that is why we use blindfolds. After 60 years of research and thousands of journeys given to people, Stanislaw Grof, has come to the conclusion that the inner world is where our attention should be when we want to make change within. We have used blindfolds for 35 years and it works amazing.

- 1). During all of the ceremonies, you have the blindfolds on until we estimate you are landed enough to take them off.
- 2). During all of the ceremonies you will be in the Roundhall (except when you need to go to the toilet).
- 3). It is forbidden to commit physical assault on yourself.
- 4). It is forbidden to commit physical assault on others.
- 5). Sexual approximations are prohibited.

Please write X if you accept.

_____ Yes i accept the agreement.

The Magic Garden ApS Medication Note

For your safety the The Magic Garden ApS facilitators have a "no medications / vitamins / supplements policy" at the ceremonies. The Magic Garden ApS representatives are not licensed to give advice on prescription medications. If you are currently taking medications, please consult with your doctor before discontinuing any medications.

Please write X if you accept.

_____ I have read and fully understand The Magic Garden ApS Medication Note

Do you agree to the following statement?

I understand that I undertake all activities at my own risk, at this journey or at any other journey in the future at The Magic Garden ApS.

Please write X if you agree.

_____ Yes i agree.

Terms and Conditions

I attest that I have read and understand all of the above written medical information and have openly disclosed all requested health and medical facts. I attest that the information provided above is true and complete, to the best of my knowledge. I understand that falsifying or omitting any relevant information may be grounds for denying my attendance at the retreat for which I am applying, with or without a refund, at the sole discretion of The Magic Garden ApS. I hereby waive, release, discharge and hold harmless The Magic Garden ApS, and all of their owners, staff, employees, helpers, partners and agents from any and all liability or responsibility for all injuries and/or damages or claims which may occur in all of the retreats/ceremonies, individual sessions i participate in and/or after the retreats/ceremonies, individual sessions i participate in, now or anytime in the future.

I agree that if i cancel one month or less before the retreat / ceremony i will pay the full amount, unless The Magic Garden ApS finds another participant who can take my place. This also applies to illness. In the case that The Magic Garden ApS finds another participant, i will be given the amount i paid minus 500 DKK for administration.

Your name

Signature, WRITE YOUR NAME

Date

Please send this document as PDF file.