



**Mindfulness in the Helping Professions**  
**Application for Admission**  
**Background Information**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_

E-Mail \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

**Race Ethnicity**

*Your response to this question will not affect the admission decision and is optional. This information is requested to facilitate the reporting of this data to the Higher Learning Commission, the national accrediting body for higher education institutions.*

African American/Other Black (non-Hispanic) \_\_\_\_\_

American-Indian/Native/Alaskan Native \_\_\_\_\_

Asian American \_\_\_\_\_

Mexican American \_\_\_\_\_

Puerto Rican \_\_\_\_\_

Other Latino/Hispanic \_\_\_\_\_

White (Non-Hispanic/Caucasian) \_\_\_\_\_

Pacific Islander \_\_\_\_\_

Foreign (No Resident Visa) \_\_\_\_\_

Multiple Race/Identity \_\_\_\_\_

Unknown \_\_\_\_\_

Other \_\_\_\_\_

## Educational Background

*(If additional space is needed, please feel free to add pages)*

### Baccalaureate Education

Baccalaureate Institution \_\_\_\_\_

Major \_\_\_\_\_

Year Degree Granted \_\_\_\_\_

### Graduate Education

Graduate Institution \_\_\_\_\_

Discipline/Profession \_\_\_\_\_

Year Degree Granted (If applicable) \_\_\_\_\_

Degree Granted \_\_\_\_\_

*(Continued on Next Page)*

## Mindfulness in the Helping Professions Certificate Program Professional Employment

The Governors State University Mindfulness in the Helping Professions Certificate Program is designed to be accessible to those who are employed full-time and gives preference in admission to those with employment experience in clinical settings, including private practice. Both the quality and quantity of this experience are rated in the review process. To help us in our admission decision, we ask you to provide the details of your employment experience. Please note that we do not accept resumes.

### **Current Employment**

Are you employed?    Full-time \_\_\_\_\_    Part-time \_\_\_\_\_    Not Employed \_\_\_\_\_  
*(If you are not currently employed, please go to the next section.)*

Is your current employment in a clinical setting?    Yes \_\_\_\_\_    No \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

When did you start your current employment?    Month \_\_\_\_\_    Year \_\_\_\_\_

Describe your duties and responsibilities in your current employment: \_\_\_\_\_

Populations Served: \_\_\_\_\_

### **Clinical Experience**

Please complete information requested on your clinical experience for the last two years. Identify your most recent positions. A resume is not acceptable.

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

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

Was this employment:    Full-time \_\_\_\_\_    Part-Time \_\_\_\_\_

Length of this employment: From:    Month/Year \_\_\_\_\_

To:    Month/Year \_\_\_\_\_

Describe your duties and responsibilities: \_\_\_\_\_

Populations Served: \_\_\_\_\_

## Clinical Experience

Please complete information requested on employment in the social services for the last two years. Identify your most recent positions. A resume is not acceptable.

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

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

Was this employment: Full-time \_\_\_\_\_ Part-Time \_\_\_\_\_

Length of this employment: From: Month/Year \_\_\_\_\_

To: Month/Year \_\_\_\_\_

Describe your duties and responsibilities: \_\_\_\_\_

Populations Served: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

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

Was this employment: Full-time \_\_\_\_\_ Part-Time \_\_\_\_\_

Length of this employment: From: Month/Year \_\_\_\_\_

To: Month/Year \_\_\_\_\_

Describe your duties and responsibilities: \_\_\_\_\_

Populations Served: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

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

Was this employment: Full-time \_\_\_\_\_ Part-Time \_\_\_\_\_

Length of this employment: From: Month/Year \_\_\_\_\_

To: Month/Year \_\_\_\_\_

Describe your duties and responsibilities: \_\_\_\_\_

Populations Served: \_\_\_\_\_

**Essay Statement**

In order to better assess the potential for advanced professional preparation and identify those individuals most compatible with the mission and goals of our program, applicants are requested to complete essay responses to the questions/statements below. It is very important that you reflect and provide detailed, thoughtful responses. Your responses should reflect self-awareness, self-evaluation, and self-reflection and demonstrate your compatibility with the mission of the Governors State University Master of Social Work Program. In the area provided below, please respond to the following five questions – one answer per page.

- 1. Describe your personal experiences with mindfulness, meditation and contemplative practices:**
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2. Describe your professional interest and experience in mindfulness, meditation and contemplative practices. What specific practices have you utilized in your clinical work?



**3. Describe how you have incorporated these practices with specific populations you have served in the past.**

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4. Describe how you intend to incorporate these practices into your clinical work in the future.

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