

The Bodhisattva Path of Care Application Form 2026

General Application Dates: 6 February - 23 February

Applicants will be notified by: 9 March

Course Runs: March 30 - August

Please answer the following questions to the best of your ability. If there are any issues in your response, we will be back in contact with you shortly. Thank you!

*** Indicates required question**

1. Email *

Personal and Professional Background

2. Name: *

3. Date of birth *

Example: January 7, 2019

4. Email: *

5. Phone Number: *

6. Country - Time Zone: *

7. Gender Identity Preferences: *

8. Emergency Contact: *

9. Tell us a bit about the country/city you grew up in. *

10. Please provide a short overview of your school and studies. *

11. Briefly describe your professional background. *

12. What is your current profession or caregiver role? (e.g., counselor, social worker, ordained monk or nun, chaplain, mental health advocate, social justice worker, volunteer, etc.) *

13. Where do you currently work or provide care services? (E.g., urban counseling center, field work, nonprofit organization, hospital, community center, private practice, temple, monastic community, etc.) If other, please specify.

14. How many years of experience do you have in counseling, mental health advocacy, spiritual advisor, or other caregiver role? *

Mark only one oval.

- None yet
- 1-2
- 3-5
- 5-7
- 7+

15. What type of populations do you primarily work with? (E.g., trauma survivors, families, children, students, adolescents, young adults (21-34), couples, the elderly, high-risk, refugees, other caregivers.) *

16. What kind of challenges or distress are present for those you support (e.g., family trauma, cultural or war trauma, PTSD, anxiety, depression, substance use/addiction, loss and grief, suicide ideation)? *

Motivation and Goals

17. Why are you interested in participating in this training program? *

18. What specific skills or knowledge are you hoping to gain from this training program? *

19. How do you envision integrating Buddhist psychological perspectives into your * caregiving or counseling practices?

Knowledge and Experience

20. Are you familiar with Buddhist perspectives or practices? If so, can you briefly * describe your awareness of or background in Buddhism.

21. What prior training or experience do you have in counseling or mental health support, social work, psychology, spiritual care, end-of-life care, community work? *

22. Do you currently use mindfulness or self-care practices in your work or personal life? If so, please describe a few. *

23. How would you describe your awareness of and relationship to your own mental/emotional health. Have you done any counseling or therapy and, if so, when (approximately) and for how long? Briefly describe a challenge you've experienced and what you found to be a helpful means of support. *

Commitment and Expectations

Please note that the course offers an opportunity to conduct pro-bono sessions in the second half of the program as an essential course requirement.

24. This program runs from March 30th, 2026 through August 24th, 2026. It requires investing approximately 7 hours weekly (2.5-hour online sessions with teaching team, 1 hour peer circle meeting, and 3.5 hours of review, study and assignments). The program will be held at the following times: 6:30-9:00 pm South Asia/ 7:30-10:00 Southeast Asia (+1 hr for Malaysia/Singapore). Can you commit to attending all sessions and engaging actively? *

25. Will you be joining class from the same location (e.g., office, work, home, school) each week? If not, please explain. *

26. Will you have reliable internet access and the ability to use Zoom for online training meetings and peer circle meetings?

27. How did you hear about this program? *

28. Please reflect for a few minutes and share something additional about yourself and your work. You are free to elaborate on one of the above questions or share something about yourself that is not addressed by the questions. It can be something meaningful to you, or something you would like to share about yourself. *

29. By completing and submitting this application form I am agreeing to and committing to invest 7 hours per week, as well as the pro-bono counseling during the second half of the class (June-August). Please sign by adding your initials: *

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