



*The Breathe Network - Individual Member Application Sample*

Thank you for applying to join our network of health and healing practitioners dedicated to making trauma-informed healing accessible for survivors of sexual violence. Should you be invited to join, your responses can be utilized to develop your practitioner page on our website. Your comments serve as a way for both our organization and the survivors we serve to better understand your experience, your interest in this population, your treatment modality, and your ability to be sensitive and responsive to the unique needs of sexual trauma survivors. We look forward to reviewing your application!

\* Indicates required question

Email

\*

Your name and pronouns.

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1. Please provide a detailed bio to be included on your practitioner page.

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2. Describe your experience working with survivors of sexual violence and/or other forms of trauma.

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3. Why are you interested in working with survivors?

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4. How do you define and practice trauma-informed care?

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5. Describe your healing modality/modalities. Please include information about what they involve for those that are unfamiliar with your practice.

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6. How does your practice/modality holistically address the impacts of sexual violence and/or traumatic responses commonly experienced by survivors?

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7. How might you modify your treatment approach to increase safety and accessibility for a survivor?

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8. Describe any additional expertise with specific populations, communities, or social justice issues that intersect with healing sexual violence and trauma.

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9. To whom is your practice accountable? That might include your work with mentors and supervisors, specific communities with whom you collaborate and study, or other ways in which accountability and integrity is threaded and bolstered within your practice.

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10. Do you have spots within your practice for sliding-scale clients? What payment options do you offer?

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11. How did you learn about The Breathe Network?

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12. Provide your contact information: email, website, phone, social media handles and business address. If your business and home addresses are the same, please indicate that and we will only include your city and state.

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Please have 3 references (not relatives) complete this form:

<https://drive.google.com/file/d/18MK0I9nWFYRWVDn2cG4qE5aLr13bWn0I/view?usp=sharing>

You can access the form, and either download as a word document, and email to your references, or send them the link below for them to download themselves. They are asked to send the completed reference directly to us at: [info@thebreathenetwork.org](mailto:info@thebreathenetwork.org)

Email your resume/CV (if you have one) to [info@thebreathenetwork.org](mailto:info@thebreathenetwork.org)

If you are invited to join The Breathe Network, we will then request:

-Your photo for your practitioner page

-Your annual member dues which are offered in tiers and payable in one installment annually, monthly, or quarterly payments.

Tier 1 - \$199/year

Tier 2 - \$399/year

Tier 3 - \$599/year



Please see the full tier descriptions here:

<https://drive.google.com/file/d/1Tmf5AbOqFReIKjlzoNEbYZXwtSzzVQ7j/view?usp=sharing>

\*Through our fund, Embodying Survivor Justice (ESJ), all BIPOC practitioners have the option to have their first year of annual dues waived. Please simply let us know you would like to utilize this option.