

Perth 3 Feldenkrais Practitioner Training Program 2013 – 2017

APPLICATION FORM

The purpose of your application is for us to gain a better sense of who you are. We recognize that many of the questions are open-ended; please answer them as they pertain to you.

Name: _____
Address: _____
Home telephone: _____ Business telephone: _____
Mobile: _____
E-mail: _____
Date & place of birth: _____

1. What experience have you had with the Feldenkrais Method? ATM? F.I.? Workshops? Reading? *Include teachers, hours, years, etc.*
2. What is your educational background?
3. Please describe your current profession/occupation and any other relevant work experiences.
4. What is the current status of your health? Please tell us any medical information that would influence your ability to participate in the training.

5. In a few paragraphs, please tell us something about the following:

What brings you to this training?

In which areas in your life do you feel successful?

In which areas in your life do you need strengthening or development?

What you personally hope to find in a training program?

How do you intend to use the learning professionally?

6. Please send this completed application form and any references to:

Sara Elderfield at Yoga Moves, P.O. Box 7191, Shenton Park, 6008

Include:

A cheque or money order for \$110 (includes GST) application fee. (This fee is non-refundable and becomes part of your tuition fees upon acceptance). Please make any cheques or money orders payable to *Yoga Moves*. You can also pay the application fee by direct transfer:

Account Name: Yoga Moves
BSB: 066-125
Account Number: 10371773
Institution: Commonwealth Bank of Australia, Subiaco

A current photograph of yourself (passport size).

Two letters of reference, preferably one from a Feldenkrais practitioner with whom you have worked. These should be mailed directly to Sara to the address above by their authors.

N.B. Please note that applications will be processed in order of receipt.