

The *Feldenkrais*® Training in Sarasota

APPLICATION FORM

Name _____

Address _____

City _____ State _____ Zip _____

Country _____

Home Phone _____ Work Phone _____ Cell phone _____
(please star the best way to reach you)

Fax: _____ E-Mail _____

Where were you born? _____ Year you were born _____

Please send the completed application form along with two letters of recommendation, one of which should be from a *Feldenkrais* practitioner with whom you have worked with to:

The *Feldenkrais* Training in Sarasota
5317 Fruitville Road #169
Sarasota, FL 34232

Remember to include a check for your non-refundable application fee of \$50, applied to your tuition if accepted. Make check payable to The *Feldenkrais* Training in Sarasota (FTS). Alternately you may pay by credit card.

Please charge my _____ Visa _____ Mastercard _____ Discover Card

\$50 US for the FTS application fee.

Card Number _____ - _____ - _____ - _____

Expiration Date ____ / ____

Signature _____

Name as it appears on credit card _____

Billing address for credit card _____

Thank you for your time and consideration in completing this application.

1.800.245.5123

Please answer the following questions.

If you prefer you are welcome to type your answers on separate sheets of paper.

1. Describe your experience with the *Feldenkrais Method*®, telling us what you learned; the classes you've taken; and the number of lessons you have received.

You may attach your curriculum vitae in response to the next two questions.

2. Describe your current profession/occupation, your work history and any other relevant work experiences.

3. What is your educational background, academic and professional?

4. What are your hobbies, interests and/or passions?

5. Describe any book, teacher, work of art, etc. that has influenced or inspired you.

6. Describe any current life connections that are important to you
i.e your partners, family, children, community.

7. What other learning/living experiences have you had that have been significant?

8. Please describe your current health status. List any pertinent medical information (health problems, operations or medications) that may influence your participation in the training.

9. What should we know about you that we haven't asked about yet?

10. How do you plan to pay for the training over the four years?
Please include financial resources.

11. Please write, on a separate piece of paper, an informal essay (a few paragraphs) describing the following aspects of yourself:

- What brings you to the training?
- Areas in your life where you feel successful?
- Areas in your life where you need strengthening or development.
- What your personally hope to find in a training program?
- How you intend to use the learning professionally?