



Dear Applicant,

Thank you for your interest in the Toronto *Feldenkrais*® Practitioner Training Program starting June 13, 2005. To apply, complete and submit the questionnaire (attached), along with two letters of recommendation (one should be from a *Feldenkrais* Practitioner, the other one can be from any person who knows you but is not related to you). Please include a current photo and CAN\$75.00 application fee. Please send two copies of your application by mail to:

First copy, plus \$75 application fee:

Feldenkrais Trainings Toronto
662 Broadview Ave
Toronto, ON M4K 2P1
CANADA

Phone: 416-466-6143
email: nitefor@aol.com

Second copy:

Arlyn Zones, Educational Director
1667 39th Avenue
San Francisco, CA 94122
USA

Phone: 415-664-6353
email: ArlynZones@aol.com

The Educational Director and the Program Administrator will screen applications. Applicants are selected from a wide variety of backgrounds and we are committed to accepting people into the training regardless of race, gender, religion, physical limitation, age or sexual orientation.

Applications are being accepted now. You can expect to hear from us within four to six weeks of our receiving your completed application.

If you are accepted into the program, you will receive a student contract that specifies your rights and responsibilities as a participant. To reserve your place in the training, sign the contract and return it within 30 days of notification along with a deposit of CAN\$250

When you have completed this application, please sign to confirm that all information on the following pages is true and complete. All your information is kept confidential. Only the members of the faculty and administrative staff will have access to your data.

Please print. If you need more room to answer any of the questions, draw an arrow and indicate where your answer continues on the back of the page.

1. Personal Information

First Name: _____

Last Name: _____

Street: _____

Zip/Postal Code: _____

City/Town: _____

Province/State/Country: _____

Private phone: _____

Business (daytime phone) _____

Fax: _____

Email: _____

Date of birth: _____

2. Personal Questionnaire

Education Please briefly state your school and professional education (school, university degree, professional training, further qualifications, important seminars etc.)

Why would you like to take the *Feldenkrais Method* training?

Your experiences so far with the *Feldenkrais Method*:

Your current understanding of the *Feldenkrais Method*:

Hobbies and Interests:

Please tell us about one of your favourite books, movies, pieces of music or works of art:

Financial situation Please describe in a few words how you make your living and how you are planning to pay the fees for your training:

Other What would you like us to know about you that we haven't asked?

3. Health Questionnaire

You should have undergone a complete medical check within the last two years, if not, please do so.

Please state the date of your last medical examination: _____

- Is your overall health condition good? If not, please explain: YES NO
- Do you have respiratory problems? YES NO
- Have you ever experienced seizures or sudden fainting? YES NO
- Do you have heart problems or high blood pressure? YES NO
- Are you on any medication at the moment? YES NO
- Please specify _____
- Have you ever had an injury or illness that required surgery? YES NO
- Have you ever received treatment because of psychological problems? YES NO
- Do you have glaucoma? YES NO
- Do you have headaches on a regular basis? YES NO
- Do you have severe back pain or joint problems or osteoporosis? YES NO
- Do you have any chronic pains? YES NO
- Do you have any allergies that might affect your participation in the training? YES NO

Please add any additional information that you would like us to know:

Date: _____ Location: _____

Signature: _____

Enclosed is my application fee of CAN\$75.00. Please make cheque payable to *Feldenkrais Trainings Toronto*.