

BIODYNAMIC CRANIOSACRAL FOUNDATIONAL TRAINING
_____application

Successful completion of this program requires theoretical and practical skills. Equally necessary is the ability to self-reflect and self-regulate.
To accomplish these goals it may be necessary to enlist resources outside of class.

This training meets the required subject content and hours set forth by the IABT (International Affiliation of Biodynamic Trainings) and the Biodynamic Craniosacral Therapy Association of North America.

For additional information contact:

Johannes B. Schmidt

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Name:

Address:

Phone:

Email:

Date of Birth:

Occupation:

Years of experience:

PLEASE GIVE SPECIFIC AND DETAILED ANSWERS TO THE FOLLOWING QUESTIONS. (typewritten responses only)

1. Summarize your current professional practice. Number of years in practice:_____ Average number of sessions per week:_____
2. Describe any training or prior experience you have had in Craniosacral therapy: either through workshops, former training or as a client.
3. What draws you to the study of Biodynamic Craniosacral Therapy? Discuss your purpose for enrolling in this program: your expectations, both professionally and personally.

HEALTH HISTORY

4. Describe your health condition and medical history, including any current medications / conditions. (include a description of your daily lifestyle and self-care practices, diet, exercise, rest, relaxation, sleep, time in nature, etc.)
5. Are you currently under medical care? (medical doctor, psychiatrist, or alternative health practitioner?)
Please describe your condition and treatment.
6. Describe any past injuries, accidents, traumas or surgeries you have experienced. Please include the dates for each and the treatment you received.
7. Do you have any known history of sexual abuse? Have you been treated for alcohol, drug or substance abuse? In yes, list any counseling or treatment you have received along with the dates of treatment.

8. What do you know about your life in the womb? Include physical and emotional effects (maternal or paternal smoking, drinking, drug use, maternal nutrition/diet, stress levels, parents relationship during pregnancy, attitudes of other family members, etc.)

YOUR MENTAL & EMOTIONAL HEALTH

9. Describe any and all diagnosed psychological or emotional conditions you currently have. Please be specific and detailed. List any prescriptive medication you are taking for these conditions.

10. Do you have any difficulties/ challenges you have with either classroom learning or home-study work.

LIFE RESOURCES

11. Do you have, or have you had a contemplative practice? (meditation, martial arts, movement arts, etc.)

12. What are the resources you have in your life, both internally and in your external world.

By my signature here, I acknowledge that I have answered these questions to the best of my knowledge. I am aware that failure to disclose any requested information on this form may result in dismissal from the training provided by The Pacific School of Biodynamic Integration. I agree to update the school as to any changes in my health status while I am enrolled in the training.

PRINT
NAME _____

DATE _____

SIGNATURE _____

IMPORTANT NOTE: All information disclosed will remain confidential within the teaching team. This form will be kept in the student's permanent file.

After filling in this application please send to:

Auerstraße 7a, 83707 Bad Wiessee, Germany

For more information call Johannes B. Schmidt, +49 172 96 41 490