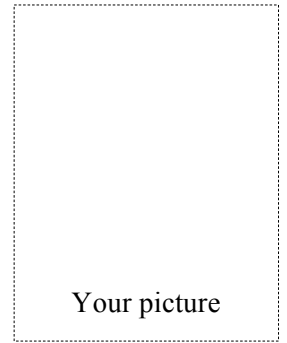


Application Form



Name: _____ Acad. Degree: _____

Address: _____

Postal Code: _____ City: _____

Country: _____

Phone Home: _____ Mobile: _____

E-Mail: _____ Website: _____

Date of Birth: _____ Place of Birth: _____

Citizenship: _____

Languages: English: Minimal Comfortable Fluent
 German: Minimal Comfortable Fluent
 Others: _____

Who should FI Wien contact in case of an emergency?

Name: _____ Relationship: _____

Phone Number(s): _____

E-Mail: _____

*Please, answer the remaining questions, making sure your answers are legible to us.
You are welcome to type your answers and to use extra paper as necessary.*

_____ Date

_____ Signature

What is your educational and professional background?

Employment history and current status:

Tell us about your experience with the Feldenkrais Method both in group and/or individual lessons
(please list teachers, courses, context, approx. dates):

Please describe your current understanding of the Feldenkrais Method:

What interests you most about the Feldenkrais Method?

Why do you want to participate in the Training Program? What do you plan to do when you become a Feldenkrais Practitioner? Do you intend to apply the Feldenkrais Method to your current profession?
