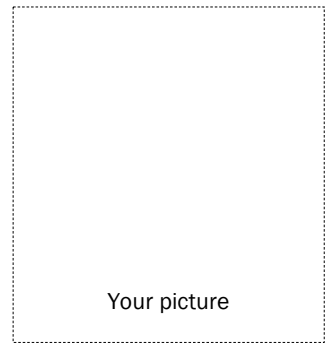


Child' Space Vienna
Application Form



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?
What is your experience working with babies, children and families?

Your employment history and current status:

Tell us about your experience with the Child'Space Method:
Tell us about your experience with the Feldenkrais Method:
(please list teachers, courses, context, approx. dates):

Do you intend to apply the Child'Space Method to your current profession?

Please tell us about your health status (incl. physical and psychological health issues, operations, medications, etc.), being sure to tell us anything that might affect your participation in the Training:

You might tell us something about yourself, anything you would like us to know and we did not ask yet:

How did you hear about Child'Space Vienna?

- I searched the web for a Child'Space Training and found your website.*
- I found it on Facebook.*
- I heard about it from....*
- It was recommended to me by ...*
- I saw an advertisement in...*
- I have known the Feldenkrais Institute and developed an interest.*
- other:*

Thank you very much for your consideration in filling out this application form!

Please send the completed application and a passport photo to:

Feldenkrais Institut Wien
Taborstr. 71/1a, 1020 Vienna, Austria
childspace@feldenkraisinstitut.at
www.feldenkraisinstitut.at/childspace