

Training Application

PLEASE INCLUDE A \$100.00 CONDITIONALLY-REFUNDABLE* APPLICATION FEE, TO BE CONSIDERED.

MAIL TO:

Lawrence Gold
The Institute for Somatic Study and Development
15 Esquina Road
Santa Fe, NM 87508

or [pay on-line](#) (Display this page on your computer and click the underlined link at left.)

*Fee refunded to candidates not accepted due to limited class size
or course cancellation. **Fee credited to tuition.**

Name _____ email _____ date _____

Address _____ telephone _____

_____ height _____ weight _____

What is your current profession? _____ how long? _____

experience: novice [] proficient [] seasoned [] instructor [] innovator []

What techniques do you practice (how long)? _____

In which **movement** disciplines do you have training and experience (how much)?
(e.g., dance, martial arts, movement therapies, sports, somatic practices, etc.) _____

Any physical complaints (how long)? _____

What do you hope to achieve/acquire by learning somatic education techniques?

What teaching experience do you have? _____

_____ (attach separate page, if necessary)

Have you:

experienced Hanna somatic education®? y [] n [] how many sessions? ____

read *Somatics* by Thomas Hanna? y [] n []

What other background do you have that complements a somatic practice?

_____ (attach separate page, if necessary)

Please include (attach separately) any other information that would
indicate your proficiency in, and understanding of, somatic education.