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Name:

Address:

Date of birth:

Home phone number:

Mobile phone number:

Email:

Current occupation:

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Describe your energy work experience and practice

Do you have an established personal practice?

How long have you been practising?

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What classes do you attend and how often?

Any previous experience in teaching; energy work, Shiatsu or any other discipline?

Briefly summarise your educational and useful experiences (no formal academic qualifications are required):

What aspects of energy work do you enjoy, and why?

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What aspects of energy work do you find the most challenging, and why?

What motivates you to take this teacher training course?

(Please explain in 200-250 words)

How did you learn about the Shiatsu College and Interdisciplinary Teacher Training?

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Do you have any medical conditions, special needs or learning difficulties that we should be aware of? If yes, please give details:

Confirmation of Terms

By signing below you acknowledge that you have read the Interdisciplinary Teacher Training course information, including: fees, deposit arrangements, location and dates. You also acknowledge the terms of enrolment and submit your application accordingly.

Signed:

Date: