



Rhythmic Massage Therapy as indicated by Dr Ita Wegman
Application Form

PERSONAL DETAILS

(Please fill in black ink & block capitals).

Surname:

First Name:

Title: Mr/Ms/Mx Others

Date of Birth:

Gender:

Country of Origin:

Nationality:

Address:

Post Code

Email Address:

Telephone No:

Mobile:



RELEVANT QUALIFICATION/TRAINING

(E.g. nursing, physiotherapy, massage therapy, aromatherapy, and other body work training.)

Training/ qualification	School, College, University	Dates attended:	
		From	To

Please continue on a separate sheet if necessary.



CURRENT EMPLOYMENT

Job Title	Name & Address of Employer	From	To



PERSONAL STATEMENT

Please write a brief account of your life and the experiences that have contributed to your wish to embark upon the Rhythmical Massage Therapy Training. You might wish to include:

- A brief biographical overview referring to any other relevant training/ qualifications and/or work you have undertaken.
- Your interest/knowledge of Anthroposophy and any path of inner development you have studied or undertaken?
- What has drawn you to choose to study Rhythmical Massage Therapy. • Your interests, achievements, social & leisure activities and anything else you consider will give us a fuller picture of you as a person.



AVAILABILITY FOR INTERVIEW

Please state below any dates when you will NOT be available for interview in the next 3 months.

REFERENCES

Please provide details of 2 referees

Name, Address, Phone no. and/or email of Referee 1

Post/Occupation/Relationship to you.

Name, Address, Phone no. and/or email of Referee 2

Post/Occupation/Relationship to you.



ADDITIONAL NEEDS

Additional needs include any disabilities or special educational needs that you may have.

Do you have any disabilities or special educational needs? Yes / No

If you answered 'Yes' please give further details below.

DECLARATION

We would like all our learners to be successful and would like to be able to process your application to become one of them as quickly and efficiently as possible. It is therefore in your best interests to provide us with accurate information and to ensure that you are fully informed about the programme you are applying for and the commitments you will be making if you become a learner with us. In asking you to sign this declaration we are reminding you of the importance of these matters and of your own responsibility for making the right choices.

Please check all your responses carefully. When you send this form you will be making the following declaration: by signing below I confirm that the information in this form is accurate.

Signature: _____ Date: _____

Please return your completed application form to:

Judy Wakeman,
Helios House
Grange Village
Newnham on Severn
Gloucestershire, GL14 1HJ,
U.K.
Email: judymwr@yahoo.co.uk