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| APPLICATION FORM FOR SCHOOL FOR F.M. ALEXANDER STUDIES | |
| Einstein’s Moon Pty Ltd trading as School for F.M. Alexander Studies  Version 7, November 6, 2020 | |
| First Name(s) Click or tap here to enter text. | |
| Last Name: Click or tap here to enter text. | |
| Gender Click or tap here to enter text. | |
| Date of Birth Click or tap to enter a date. | Email Click or tap here to enter text. |
| Mobile phone: Click or tap here to enter text. | Other phone: Click or tap here to enter text. |
| Number and Street; Click or tap here to enter text.  Suburb: Click or tap here to enter text. Post Code Click or tap here to enter text. | |
| Next of Kin/Emergency Contact | |
| Name: Click or tap here to enter text. | |
| Address: Click or tap here to enter text. | |
| Phone Number Click or tap here to enter text. | Email: Click or tap here to enter text. |
| Your class times | |
| Mondays 9am to 1pm  Tuesdays 3.30 – 6.30pm  Wednesdays 10am to 1pm | |
| Thursdays 5 to 9pm  Fridays (two hours) | |
| School Residential Course | |
| Weekend Sessions: 30-31 January  10-11 April  10-11 July  20-21 November | |
| Experience and Educational Qualifications | |
| How many Alexander Technique lessons have you had? Click or tap here to enter text. | |
| Please list the names of your Alexander technique teachers Click or tap here to enter text. | |
| Educational Qualifications: Click or tap here to enter text. | |
| Work Experience: Click or tap here to enter text. | |
| Other interests: Click or tap here to enter text. | |
| Health: Physical and Mental | |
| Do you have any current health problems: Yes No  If yes please list: Click or tap here to enter text.  Are you currently taking any medicatiom(s) Yes  No  If yes please list: Click or tap here to enter text.  Any previous illnesses or operations; Click or tap here to enter text.  **Please note that all information supplied to us will be treated with the strictest confidence in accordance with our Privacy Policy. The process of Alexander Technique training is intensive and demanding mentally, emotionally, and physically. It is therefore essential that we are aware of anything that may affect you during your training.** | |
| Signature: | Date: Click or tap to enter a date. |

Please let us know why you would like to do this training:

Click or tap here to enter text.