

BIODYNAMIC CRANIOSACRAL THERAPY FOUNDATION TRAINING- APPLICATION

SCOTT ZAMURUT, RCST® • WITH TEENA WALKER

Please provide all the information requested and answer all the questions as completely as you can. Applications for this training are considered without regard to gender, gender expression, sexual orientation, abilities, race/ethnicity, age, or religion.

Application process: Upon receipt of your application Teena and I will review it and if we have any additional questions or requests for clarification we'll be in touch in a timely manner. You will be notified of your acceptance within two weeks of the receipt of your completed application, or receipt of additional responses. Once accepted you will receive an enrollment contract to return, along with a \$100 non-refundable deposit, to secure your place in the training. The deposit will be credited to your tuition for the final module.

Please email your response to: scott.zamurut@me.com

{Please type all the answers into an email, no need to repeat the questions.}

Personal Information:

Name:

Preferred Pronouns:

Date of Birth:

Address:

Best Phone:

E-mail address:

Emergency Contact (name, email, and phone):

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PLEASE ANSWER AS COMPLETELY AS YOU CAN:

- 1. Please tell us about your current professional work. If you are a bodywork practitioner, or involved in another form of the healing arts, please include information regarding your current practice and modalities, and also your training background (courses taken, dates, teachers, etc.).**

- 2. What experience have you had with Biodynamic Craniosacral Therapy (BCST)?**
 - Please describe your previous experience, either as a client and/or as a student.
 - If you have prior training experience in Biodynamics please provide us with some additional details: the name of your teacher(s), when you studied, did you graduate or discontinue training?
 - Have you taken a BCST Intro class with Scott Zamurut & Teena Walker?

- 3. What draws you to the study of BCST? What draws you to this training in particular?**

- 4. What is your experience of yourself as a participant in groups?**
 - What challenges do you encounter in groups?
 - What creates safety for you in groups?
 - What are the personal resources you have to bring to your experience in groups?

- 5. Do you have any medical condition or learning challenges which could impact your participation in the learning environment? What would support your learning in this training?**

- 6. What else you would like us to know about yourself?**

Thank you.