



## **Bodynamic Foundation Training Intake Form**

**Orlando: April - November 2025**

Full Name:

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E-Mail Address:

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Phone #:

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Personal Address or Business Address (Including Country):

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Briefly state the reason for applying for the Bodynamic Foundation Training:

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Please specify your level of education:

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Please specify your Professional Title/Occupation:

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List your Area(s) of Specialization:

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Do any theories inform your work?

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How long have you been in practice?

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How many clients do you see weekly?

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If you do not have a professional practice, are you a student in a psychology-oriented masters' program?

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Have you undergone personal therapy before?

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Do you consider yourself suited for group work?

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How did you hear about the Bodynamic Foundation Training in Orlando, USA? (list name if applicable)

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Signature

Date