



Global Somatics™ Practitioner Training Application

1. Complete Application Packet:

- Application form and contact information
- Type answers to questionnaire
- Provide a resume listing occupational and educational experience
- Provide two letters of recommendation from professionals in your field.
- Provide two letters of support from family and friends
- Enclose a \$100 application fee

2. Mail Application to:

Green River Dance Office: Attn--Suzanne River
10700 Lindo Trail, Lindstrom, MN 55045

Application Form and Contact Information

Name (first) _____ (last) _____ (M. Initial) _____

Home Address _____

City _____ State _____ Country _____ Zip _____

Birthdate _____ Male _____ Female _____

Social Security # _____

Phone (hm) _____ cell _____

E-Mail Address _____

Place of Employment _____

WorkPhone _____

High School _____ City/ State _____

Year of Graduation _____

Post High School Education/Years (Please list below, attach extra sheet if necessary)

Person to contact in case of emergency _____

Name _____

Home Address _____

City _____ State _____ Country _____ Zip _____

Phone (hm) _____ Phone (wk) _____ Cell _____

Global Somatics™ Certification Program is an intensive educational program. Our intention is to provide the highest quality of somatic education within a safe environment for learning among all participants. As an interdisciplinary program that works with the body, intellect, emotions and spirit, we recognize that some participants may find aspects of the program challenging. The educational experience will be fulfilling to the degree that each person is open to learning through movement and touch, takes responsibility for his or her personal health and respects others.

GSPT Application Agreement

I have carefully read Global Somatics Practitioner Training School Catalog. I understand its procedures and requirements. I declare under penalty of perjury that all the information I have written as part of my application to the program is true and accurate. Green River Dance for Global Somatics™ enrolls students without discrimination on the basis of race, religion, sex, age, sexual orientation, physical handicap or political affiliation.

Signature_____Date_____

Application Questions

Please type both the question and your answer on separate pages. You may be brief.

- 1. What interests you about the Global Somatics™ Practitioner Training and what are your expectations?**
- 2. Please describe your experience in the performing arts and/or somatic movement therapy and/or bodywork.**
- 3. Describe your experience to date with Global Somatics™ Process and/or Body-Mind Centering® Approach. What classes have you taken or whom have you worked with in private sessions?**
- 4. What are your personal and professional objectives regarding this training program?**
- 5. Please describe your physical, emotional, mental and spiritual health. Please describe any special needs you may have while in this program. Are you currently taking medication? If so, please state the medication and reason for use.**
- 6. What experiences have you had that prepare you for an on-going intensive training?**
- 7. What is your experience as part of intimate groups?**
- 8. Comment on your learning style regarding cognitive learning, learning through movement and touch, learning individually and in group settings.**
- 9. What can you contribute to this community learning experience? What support do you want from this program to be present to yourself, to others and to the work?**
- 10. How do you imagine this course of study fitting into your life in the least stressful way in terms of finances, time management and social relationships?**
- 11. Please write about any other issues you wish to discuss.**