



APPLICATION FOR ADMISSION  
AT BODYDYNAMIC FULL BODYMAP EDUCATION 2020

Name:

Address:

Postal code & town:

Mobile:

E-mail:

Educational background: \_\_\_\_\_

Bodydynamic Practitioner education – country: \_\_\_\_\_

Year: \_\_\_\_\_

Current practice/ work:

Do you have your own business/practice: \_\_\_\_\_ (make cross)    How many years/hours per week: \_\_\_\_\_

or are you employed \_\_\_\_\_ (make cross)    How many months/years: \_\_\_\_\_

Which kind of patient/student/clients do you work with (make cross)

Acute \_\_\_\_\_ Common \_\_\_\_\_ Psychiatry \_\_\_\_\_ Special \_\_\_\_\_ Others \_\_\_\_\_ write which:

Adult \_\_\_\_\_ Kids \_\_\_\_\_ Young \_\_\_\_\_ (make cross)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Please ask questions about this education to: [lene@bodydynamic.dk](mailto:lene@bodydynamic.dk)

Send this admission form by mail to: [lene@bodydynamic.dk](mailto:lene@bodydynamic.dk)