



# Diploma Training in Biodynamic Body-Psychotherapy application form

We require that You attach the following:

- Two written references from people who have known you well, preferably in the last five years. Their names, contact details and how they know you.
- A personal statement
- Current photograph
- Copies of certificates and qualifications, if you need a form for accreditation of prior learning please email us

Please fill this form in one go, or [download an interactive PDF](#) and send it to [training@lsbp.org.uk](mailto:training@lsbp.org.uk)

## Applicant's details:

### Name \*

First Name

Last Name

### Address \*

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

### Telephone Number

Area Code

Phone Number

**Mobile \***

Area Code

Phone Number

**Email \***

example@example.com

**Date \***



Month

Day

Year

**If you have any special requirements that arise as a result of a disability, medical condition or specific learning difficulty, we would encourage you to contact us so that appropriate arrangements can be made prior to your visit.**

Please give the following Information:

About yourself:

**1. Your employment and life experience past and present, paid and voluntary. Please outline details of any past experience in the helping profession. \***

**2. Your education and vocational qualifications. (Please supply copies of certificates and qualifications) \***

(Please supply copies of certificates and qualifications)

**3. Your experience of adult learning situations \***

**4. List any past or present physical or emotional conditions requiring medication and/ or hospitalization. \***

**5. Are there any other factors which could limit your capacity to engage fully with the training \***

**6. Criminal Conviction: Please give details of any criminal convictions you have \***

**7. Sex Offenders Register: Are you on any List or Register of Sex Offenders? If so please give details \***

**8. Have you had any experience of Biodynamic Massage? (Please give details) \***

(Please give details)

**9. Have you had any experience of Biodynamic Psychotherapy? (Please give details) \***

(Please give details)

**10. Have you attended any introductory workshops in Biodynamic Psychotherapy or Massage?  
(Please give details) \***

(Please give details)

**11. Have you had any experience of other individual therapy/group work? (Please give details) \***

(Please give details)

**12. Have you had any experience of other massage/complimentary medicine treatments? (Please give details) \***

(Please give details)

**13. Your past and present experience of group therapy or personal development workshops.  
(length, frequency and duration) \***

(length, frequency and duration)

**14. Past and present experience of individual therapy. (length, frequency and duration) \***

(length, frequency and duration)

About your application:

**15. Please share with us your reasons for applying to the Diploma Training in Biodynamic Body-Psychotherapy at this point in your life. \***

**16. In terms of your personal growth, what do you hope to gain from the course? \***

**17. In terms of your professional development, what do you hope to gain from the course? \***

**18. Apart from the practical and experiential elements of the course, theoretical study and essay/ case study writing will be also be a component. How do you assess your competence in this area? \***

**19. Which of your personal strengths and attributes do you think will assist you as a Biodynamic Massage practitioner? \***

**20. What personal difficulties or characteristics do you think may impede you as a practitioner? \***

**21. You will be required to undertake 40 Biodynamic Psychotherapy sessions (per year) with a LSBP approved Biodynamic Psychotherapist for the duration of your training, which you have to pay for separately. Are you willing to make this commitment? \***

**22. You should also practice the Biodynamic Massages that you've learned with your colleagues, between the teaching weekends. Are you willing to make this commitment? \***

**23. A personal statement \***

We require two written references from people who have known you well, preferably in the last five years. Please give their names, contact details and how they know you.

**24a Referee 1**

**Name \***

First Name      Last Name

**Email \***

example@example.com

**Phone Number \***

Area Code      Phone Number

**Address \***

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

**24b Referee 2**

**Name \***

First Name

Last Name

**Email \***

example@example.com

**Phone Number \***

Area Code

Phone Number

**Address \***

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

**25. How will you finance this training?**

**What is your profession?**

**How did You hear about us?**

**Marketing Permissions**

Email

Direct Mail

Customized online advertising