

Da-Sein Institut

Ganzheitliche Energiearbeit

Application for the training in Biodynamic Craniosacral Therapy with diploma

Aim of the training

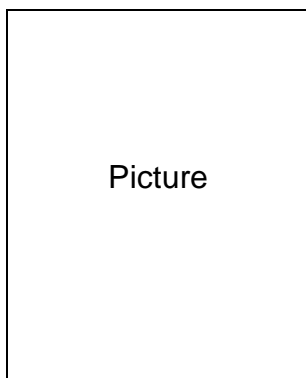
- Sound understanding of the principles of craniosacral therapy and the primary respiratory system.
- Deep understanding of the systems inherent healing mechanisms and the ability to apply these therapeutic principles.
- Learning of specific types of touch and its application in therapeutic practice.
- Learning through self-awareness
- Confidence in dealing with psycho-emotional processes

Application requirements

- Conventional medical training of at least 300 hours, including examination according to the guidelines of the Cranio Suisse association (can be completed in parallel to the CS-training)
- In some cases an admission interview may be required

Recommendation: Health education (body or movement therapy, psychotherapy, medical and nursing professions, occupations in the social sector)

Please complete in block letters!



Last name:.....
First name:.....
Street:.....
Postal code, place of esidence:.....
Tel P:.....
Tel B:..... Mobile.....
email.....

Occupation:..... Date of birth.....

Previous training

Title/training

Date of completion:

Duration of training
(hrs./months./years):

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Professional qualifications (eg membership in professional associations, etc.):

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Description of current practice (type of practice, number of clients per week, number of years):

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Training in anatomy and physiology (courses, number of hours):

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Previous training and/or courses in craniosacral therapy:

Course:

Course duration and number of hours:

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Description of your health

Current health (diseases, symptoms)

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Are you currently taking any medication? If so which ones?

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Medical history

Physical (physical illness, accidents, falls, ...):

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Psycho-emotional (psychiatric or psychological treatment, psychological processes that affect your life or your health):

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Current therapy (current forms of therapy that you experience as a client/patient):

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Previous therapy (which you experienced as a client/patient):

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Other important information relating to your medical history:

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Reasons for your application:

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Personal responsibility

The training provides insight and direct experience in craniosacral therapy. The training should not be considered as a treatment or cure of conditions or diseases, nor as a treatment of conditions or diseases, that arise during the training. It is the personal responsibility of each participant to look for appropriate and independent support throughout the training. This may mean to get support by a professional craniosacral practitioner between the seminars, in order to resolve issues/problems that may arise during the training.

All the previously asked questions can be answered on a voluntary basis. Your information will be kept strictly confidential. Apart from your name, address, phone number, email, occupation, birth date and hometown none of the information in this form will be stored in a computer.

Place/date:..... Signature:.....