

**CAMBRIDGE BODY PSYCHOTHERAPY CENTRE
TRAINING OFFICE:
8 WETENHALL ROAD
CAMBRIDGE CB1 3AG
PHONE: (01223) 214658**

Please affix
here

CONFIDENTIAL

Application for Massage Foundation Course

Please complete this form and then send it with the application fee of £70 (cheques payable to: CBPC) and a passport size photo of yourself to the above address.

Name:

Address:

Telephone: Home:

Work:

email:

Date of Birth:

Examinations taken and date:

Professional Qualifications and dates:

Present Occupation:

Brief Details of Work History:

Present Living Situation:

Have you ever been treated for emotional difficulties?
Please give details.

Do you have any recurring illnesses?
Please give details.

Have you ever been treated for any of the following:

- Epilepsy
- Cardiac Conditions
- Respiratory Conditions
- Diabetes

If you answer, Yes to any, give details.
Are you currently taking any medication?
If yes, please specify:

Are you currently engaged in counselling, psychotherapy, or any healing art as a client.
If yes, please give details e.g. when started, frequency, name of therapist, professional qualifications of therapist.

Have you any past experience as client in counselling, psychotherapy, or any healing art?
If yes, please give details.

Do you have a criminal record?
If yes, please give brief details:

Why do you want to train in massage?

What are your basic struggles in your life? How do you deal with them?

Please include anything else which you feel you want to add.

Signature:

Date:

appbmfiles