The Alexander Technique Studio

6 Ravenslea Road, London SW12 8\$B

APPLICATION FORM

This form is designed to provide us with basic information about applicants for the training course. All information will be treated as confidential.

Name:		
Addr	ess:	
	Postal code:	
Tel. n	0:	
Date	of birth:	
Prefe	rred starting term and/or year:	
1. a.	The Technique How many lessons have you had (approximately)?	
b.	When did you begin taking lessons and are you currently taking lessons?	
c.	From whom have you had lessons?	
d. here.	If you have you read any books about the Alexander Technique please list them	

2. FINANCE

It is important both to students and to the stability of the training course that financial security is assured during your three years training.

a. Can you cover the cost of the training? That is three terms each year, for three years, current cost per term being £1,300.

tional	re you dependent on a grant to do this course? Is your decision to train condipon your receiving a grant? Grants may be obtainable but it will be up to you nise this aspect.
Is ther tage di	TEALTH anything concerning your health which you believe may be to your disadvan- ring your training? Please include your history of serious illnesses, operations lents you may have had. It would assist us to understand your needs.
•	DUCATIONAL QUALIFICATIONS AND WORK EXPERIENCE outline your qualifications and work experience and any special interests you ve.
Please	URTHER COMMENTS add any other information which you feel relevant to your coming on to this course.
Date	Signature
Please r	turn this form to The Alexander Technique Studio, Ms Karen Wentworth, 6 Ravenslea

Please return this form to The Alexander Technique Studio, Ms Karen Wentworth, 6 Ravenslea Road, London SW12 8SB, with a photograph you like of yourself.