



HeartMind  
Bodywork

## APPLICATION for ADMISSION

### HeartMind Shiatsu Basic Training 2016

Thank you for your interest in HeartMind Bodywork. We admit students and make available to them all advantages, privileges and courses of study without regard to race, color, sex, religion, national origin, sexual orientation or disability. Successful candidates will demonstrate:

- A desire to learn and grow, and to help others learn and grow.
- A willingness to develop physically, mentally, emotionally and spiritually.
- Willingness and time to devote to homework, including daily wellness practices, reading, writing and practical field assignments outside of class time.
- An ability and willingness to meet the various physical, mental, emotional and spiritual components, and to reap the benefits of a four day training once a month for four to eight months .
- Basic good health and vitality.
- An interest in Japanese, Chinese and Indigenous Wisdom Traditions.
- At least a high school diploma, some college helpful.
- An open HeartMind and an eagerness to participate in and contribute to the health and vitality of the global community.

This application form and questions included must be completed and submitted to HeartMind Bodywork – Registrar. All submissions accepted electronically or on paper.

Application **materials** accepted:

- **Electronically:** complete the electronic .pdf and email it to our registrar:  
[jessica@heartmindbodywork.com](mailto:jessica@heartmindbodywork.com).
- **Mail:** Print it out, fill it out, and mail it in:



HeartMind Bodywork - Registrar  
c/o Bodywork Bistro  
3825 Iris Ave. Suite 300  
Boulder, CO 80301

- or, **best yet, stop in for a visit the Bodywork Bistro Living Arts Center** (home to our school) for a class, movie, healthy snack, a drop-in massage

**Application fee** (\$50): we will use the credit card information provided in the application to process your payment. Otherwise, you can **mail or drop it off:** see address above, make checks payable to HeartMind Productions, LLC.



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#### APPLICANT SECTION

**Applicant Name:** Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

**Home Address:** Street and Number: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Emergency Contact Name: \_\_\_\_\_

Current Occupation: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

#### PROGRAM / CLASS

Program/Class: \_\_\_\_\_ Start Date: \_\_\_\_\_

#### PAYMENT INFORMATION

**Name on Card:** Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

**Billing Address(if different)**

Street and Number: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Payment Type:** Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_ Am Express \_\_\_\_\_ Check \_\_\_\_\_

**Credit Card #:** \_\_\_\_\_ 3 or 4 digit pin: \_\_\_\_\_ Exp Date: \_\_\_\_\_

**If paying by check:** Check #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

#### SIGNATURE SECTION

The statements and information furnished by the undersigned in this application form are true and complete.

**Signature of Applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## HeartMind Shiatsu Basic / Advanced Training

### INTRODUCE YOURSELF

In a separate document, please answer the following questions:

1. Have you trained in bodywork, yoga, qigong or meditation? If so, please describe.
2. How did you hear about our programs?
3. Why do you want to learn the healing art of HeartMind Shiatsu? What are your goals for the training?
4. Attach a brief professional resume.

### HEALTH & MEDICAL

The study of HeartMind Shiatsu can be demanding, and in the interest of best helping you succeed in the program we would like to know a little bit about your health history. Please provide any information that you feel is pertinent and would be helpful to your instructor to be aware of.

In accordance with standard practices, any and all of your personal information will be held in strictest confidentiality.

1. Do you have any physical injuries or limitations that might inhibit your ability to give and receive shiatsu or participate in hatha yoga and qigong practice? Please describe.
2. Have you had any previous surgeries? If so, please describe. If not leave blank.
3. Are you on medication? If so please describe the type of medication and how long you've been taking it.
4. Do you have any history of mental or emotional issues? If so please describe.