

**APPLICATION**

IDTIA Clinical Training in Dance Movement Therapy

2021-2023

|  |  |
| --- | --- |
| *Please forward the fully completing application form and required documentation:*  *IDTIA Administrator, Karen Nankervis,* [*admin@idtia.org.au*](mailto:admin@idtia.org.au)  Include the receipt for your **enrolment deposit of $850 which is due by September 10th 2021.**  *Retain a copy of the application form for your own reference****.***  **A summary of course structure, fees and dates is included in this application form.**  *If you have any queries about the training please email angelakastanis@yahoo.com.au* | **Please affix a colour or black & white passport sized photo here.** |

Name:

Address:

Postcode:

Phone (day): (evening):

Email:

Age:  Under 25  25-34  35-44  45-54  55-64  65 & over

# For office use only

**Comments conditions of entry**

1. **Have you attended an ‘Introduction to Dance Movement Therapy’ with IDTIA?**

Yes No (please circle)

Date of Attendance

1. **List all other tertiary level qualifications in dance; the arts; sciences; medicine, nursing & health sciences (for example, physiotherapy, occupational therapy, psychology, social work or other allied health profession); education, special education; or other relevant degrees or studies undertaken:**

**NB: PLEASE SUBMIT DOCUMENTATION TO VERIFY ALL QUALIFICATIONS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Dates |  | Qualification | Course | Institution | **Documentation**  **submitted**  **x or √** |
| FROM | TO |  |  |  |  |

**3.**  **Past & current employment / occupation:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates | | Employment/Occupation | Organisation | Address |
| FROM | TO |  |  |  |

**FOR SECTIONS 4, 5 & 6: PLEASE SUBMIT DOCUMENTATION TO VERIFY ALL QUALIFICATIONS & MAJOR WORKSHOPS/COURSES ATTENDED**

**4. Dance/movement training and experience:** *it is not necessary to list every individual workshop but do include significant short courses***.**

# Dance/Movement Experience

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Dates |  | Style of dance/movement | No of hrs per week/month/year | Where & with whom? | **Documentation**  **submitted**  **x or √** |
| FROM | TO |  |  |  |  |

# Improvisation Experience

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Dates |  | Style of dance/movement | No of hrs per week/month/year | Where & with whom? | **Documentation**  **submitted**  **x or √** |
| FROM | TO |  |  |  |  |

# Teaching Experience

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates |  | Style of dance/movement | No of hrs per week/month/year | Where? |
| FROM | TO |  |  |  |

# Performing Experience

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Dates |  | Style of dance/movement | Name of company and/or performance title | Where? | **Documentation**  **submitted**  **x or √** |
| FROM | TO |  |  |  |  |

1. **Counselling training:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Dates |  | Qualification | Course/Unit(s) | No of hrs | Institution | **Documentation**  **submitted**  **x or √** |
| FROM | TO |  |  |  |  |  |

1. **Published articles – accounts of dance/ dance teaching/ dance performance/ creative arts specialist work etc.**

Author/s, year of publication, ‘Title’, *book*/*journal/magazine/newspaper name*, month/volume/issue number or publisher/place, page/s

1. **Experience as a client in a therapeutic relationship. Please provide details of duration and mode of therapy:**

*Any information provided will be treated as strictly confidential in accordance with the IDTIA Code of Ethics. Answering this question in optional.*

1. **Names and contact details of two referees who the Institute may be able to contact:**

**Please provide full details**

|  |  |  |
| --- | --- | --- |
| **(i)** | Name: |  |
|  | Occupation: |  |
|  | Address: |  |
|  |  |  |
|  | Mobile Number: |  |
|  | Email: |  |
|  | State relationship: |  |

|  |  |  |
| --- | --- | --- |
| **(ii)** | Name: |  |
|  | Occupation: |  |
|  | Address: |  |
|  |  |  |
|  | Mobile Number: |  |
|  | Email: |  |
|  | State relationship: |  |

1. **General Health**

**The IDTIA Clinical Training involves experiential dance and movement, theory and practice. This training can be quite vigorous physically, mentally and emotionally.**

**Do you have any pre-existing illness, injury or health condition that could impact on your participation in this training?**

Yes No *(please circle)*

Are you taking any medication that could impact on your participation in this course of training?

Yes No *(please circle)*

Disclosing details about your health is optional however if you do not disclose information about a condition that may be affected by your participation in our program, our organisation does not accept responsibility. Please feel free to contact IDTIA for further advice if necessary.

1. **EMERGENCY CONTACTS**

|  |  |  |
| --- | --- | --- |
| **(ONE)** | Name: |  |
|  | Relationship: |  |
|  | Email: |  |
|  | Phone (Work): |  |
|  | Phone (Home): |  |
|  | Phone (Mobile): |  |

|  |  |  |
| --- | --- | --- |
| **(TWO)** | Name: |  |
|  | Relationship: |  |
|  | Email: |  |
|  | Phone (Work): |  |
|  | Phone (Home): |  |
|  | Phone (Mobile): |  |

1. Is there anything else you would like to add to your application?

This is a true account and I give consent for this information to be utilised only for the process of my application.

|  |  |
| --- | --- |
| Name: |  |
| Signature: |  |
| Date: |  |

This information will only be used for the process of my enrolment in the Foundation Course of the IDTIA Advanced Clinical Training in Dance Movement Therapy.