

APPLICATION
IDTIA Clinical Training in Dance Movement Therapy
2021-2023

Please forward the fully completed application form and required documentation:

IDTIA Administrator, Karen Nankervis, 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

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				

5. Counselling training:

Dates		Qualification	Course/Unit(s)	No of hrs	Institution	Documentation submitted x or ✓
FROM	TO					

4. 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

5. 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 is 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: _____

6. 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.

7. EMERGENCY CONTACTS

(ONE)

Name: _____
Relationship: _____
Email: _____
Phone (Work): _____
Phone (Home): _____
Phone (Mobile): _____

(TWO)

Name: _____
Relationship: _____
Email: _____
Phone (Work): _____
Phone (Home): _____
Phone (Mobile): _____

8. 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.