



EXPRESSION of INTEREST Form
Clinical Training in Dance-Movement
Therapy 2025-2027

Name: _____

Address: _____

_____ Postcode: _____

Phone: (day): _____ (evening): _____

Email: _____

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

Signed: _____ Date: _____

If you are interested in applying to the IDTIA Dance Movement Therapy Clinical Training 2025-2027 please forward this Expression of Interest form to:

IDTIA administrator: Karen Nankervis

Email: admin@idtia.org.au

Mobile: 0407 261927

For office use only

Comments conditions of entry