



School of Integrated Bodywork

Application Form Integrated Bodywork Program

Date: ____ / ____ / ____

Course applying for: _____ Course Date: _____

Personal Information:

Name: _____ Gender: M / F

Address: _____
Street Address City State Zip Code

Permanent Address _____
(if different from above) *Street Address City State Zip Code*

Telephone Numbers:

Home: _____ Age: _____ Date of Birth _____

Cell: _____ Fax: _____

Work: _____ Email: _____

In Emergency, Notify: _____ Phone: _____

Are you currently employed? _____ Full Time / Part Time Occupation: _____

Employer: _____ Supervisor: _____ Phone: _____

Address _____
Street Address City State Zip Code

Previous Employment:

Employer: _____ Supervisor: _____ Phone: _____

Address: _____
Street Address City State Zip Code

References:

Name: _____ Phone: _____

Name: _____ Phone: _____

Previous Education: *(Please include the number of years of college and any degrees)* _____

Previous Massage Training: _____

Medical History: *Please describe any medical or physiological treatment of which we should be aware and may effect your participation in class.* _____

How did you find out about MSIB? _____

Why did you choose MSIB? _____

What do you hope to achieve while attending MSIB _____

Classes at MSIB are designed for those interested in pursuing a career as a bodywork practitioner. The classes can be demanding and time consuming. They will include home study and practice massages that must be completed to pass the class.

Applicant Signature: _____ Date: ____ / ____ / ____