



MEDICINE WHEEL
BODYWORK

APPLICATION FORM TO ENROL

PERSONAL DETAILS

First Name: _____ Surname: _____

Date of Birth: ____/____/____ Birthplace: _____

Occupation: _____

Address: _____

Mobile #: _____ Email: _____

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QUALIFICATION DETAILS

(Note: There are no official pre-requisites for studying Medicine Wheel Bodywork)

1 - Do you have any prior learning in the field of massage? _____ Y/N

If so, please list your qualifications (including workshops and short courses)

_____ Date completed _____

_____ Date completed _____

_____ Date completed _____

2 - Do you currently hold any other qualifications in the healing arts? _____Y/N

If so, please list your qualifications below

_____ Date completed _____
_____ Date completed _____
_____ Date completed _____

3 - Your current reasons for wanting to study Medicine Wheel Bodywork.

Professional practice Personal and spiritual development Both

4 - What is your current spiritual belief and practice, if any.

5 - What sort of physical exercise(s) do you do, if any?

6 - Do you have a background in dance or in martial arts? _____Y/N

7 - Are you currently experiencing any health concerns or conditions? _____Y/N

If so, please specify _____

8 - Do you have a minimum of 10 hours per week, besides from the scheduled class times, to devote to studying and practicing Medicine Wheel Bodywork? _____Y/N

9 - Why do you believe this is the right course for you.

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DATE: _____ SIGN: _____

Medicine Wheel Events
45 Oxford Street
Bondi Junction, 2022
02 9387 1221
info@themedicinewheel.com.au