

APPLICATION FORM: 2014/ 2015  
**Deepening the Journey:**  
**Authentic Movement as Spiritual Practice**  
With Susan Bauer, MFA, RSMT/E  
Berkeley, California



PLEASE TYPE OR PRINT CLEARLY; All application information is kept private and confidential.

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street

City State Zip Country

Phone: (day) \_\_\_\_\_ (evening) \_\_\_\_\_  
(include area code/country & city code)

Email: \_\_\_\_\_  
(please print clearly)

Personal Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**2014 / 2015 Tuition Information**

**Tuition:** \$1025 (\$150 non-refundable deposit due with application.)

**Early registration** - \$990 (full payment due by October 1<sup>st</sup> for discounted fee).

The entire tuition for the series is due, even if you miss a session, and is payable at our first meeting. A monthly payment plan is also available, with 6 monthly payments of \$150, plus your initial deposit. Please post-date your checks for the first of the month, Oct - March, and submit them at the first session.

## EXPERIENCE

Please include a brief resume listing your occupational and educational experience.

## APPLICATION QUESTIONNAIRE: Name \_\_\_\_\_

Please briefly answer the following questions on a separate sheet of paper. This will help us to get to know you and your particular interests / needs. (at least one brief paragraph per question.)

1. What interests you about this program?

2. Please briefly describe your experience in the fields dance, movement, Authentic Movement, and/or somatic movement practices. *Please include names of your teachers / facilitators in Authentic Movement and the length of time of your study.*

3. What are your personal goals regarding this program?

4. Authentic Movement: If not previously described, do you have experience as a Witness in Authentic Movement? What is your interest in this area?

5. Please describe your physical, emotional, & spiritual health. Have you ever been hospitalized for a mental illness? Are you being treated professionally at present (alternative medicine, MD, psychotherapy)? Please describe any special needs you may have while in this program.

6. Comment on your learning style regarding: cognitive learning, learning through movement and touch, learning individually and in group settings.

7. Anything else you want to share?

8. OPTIONAL, but very helpful: How did you hear about this workshop? Are there any individuals or institutions that you know who would be interested in receiving information about this program? Please include mailing addresses or emails.

**Deepening the Journey: Authentic Movement as Spiritual Practice** is an advanced program. Our intention is to provide a safe environment for experiential growth and learning among all the participants. As a program that works with the body, intellect, emotions and spirit, we recognize that some people may find certain aspects of the program to be challenging.

Through each individual's willingness to take responsibility for his or her personal health and safety, and to respect the other participants, everyone in the workshop can share a full, rewarding, and enlivening experience.

Please note that there will be occasional AM sessions in which participants will not receive direct witness feedback. As such, you should feel confident enough in your own 'inner witness' and ability to process your own movement experiences through drawing, writing, or reflection to handle this type of learning environment.

Our policy is to enroll qualified students without discrimination on the basis of race, religion, sex, national origin, age, physical handicap, political affiliation, or sexual orientation.

### **Agreement**

I **have carefully read** the above paragraph and the full course description and I fully understand its procedures and requirements, including tuition fees and refund policies for the program. I declare under penalty of perjury that all of the information I have written as part of my application to the program is true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Return your completed application packet to:**

Susan Bauer  
391 62<sup>nd</sup> Street  
Oakland, CA 94618  
**E-mail:** susan@susanbauer.com / **Phone:** (510) 333-6415      **Website:** www.susanbauer.com

Your application will be reviewed and you will be notified within 1-2 weeks; additional phone interview and private session may be required. If you are accepted, you will receive acceptance notification along with any additional information. (If not accepted, your *full deposit or tuition check will be returned.*) *Thank you.*

### **Application Checklist:**

- \_\_\_ \$150 non-refundable deposit (checks **made payable to Susan Bauer**).
- \_\_\_ Application form (all 3 pages), complete and signed
- \_\_\_ Application questionnaire (on a separate sheet of paper) and resume

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PLEASE DO NOT WRITE BELOW THIS LINE / OFFICE USE ONLY

Date Received: \_\_\_\_\_ By: \_\_\_\_\_

Missing Materials: \_\_\_\_\_

Accepted: \_\_\_\_\_ Confirmation Sent: (date) \_\_\_\_\_ via \_\_\_\_\_

Notes: