



Naio International

Email: training@naioprocess.org | hello@naioprocess.org

Application Naio™ Module

The application form is to support you and as you undertake training in the field of somatic therapy and education with Naio™. The information given in this application is kept confidential. Course participants are asked to have some knowledge of anatomy, physiology and experience in some form of body oriented therapy. Class size is limited and candidates will be admitted on a basis of date of application, degree of experience, ability to benefit from the class, ability to have a sufficient level of self regulation interpersonally and in groups, meeting of pre-requisites and willingness to follow agreements set forth by teaching faculty in respect to the safety of self and others.

Please contact Prue Jeffries, Naio™ Education Director if you have any questions about this application.

Name **Date of Birth** **Gender**

Profession

Street

City

State

Zip

Phone (hm)

(wk)

(cell)

Email

Family/Relationship (married/partnered, children)

Naio™ International

Module Application Form

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Education & Training

Formal Education (please be specific: Title, dates, location, etc.)

Professional Qualifications (certifications, association registrations, etc.)

Description of Professional Practice (nature of practice, clients per week, years in practice)

Training in Anatomy and Physiology

Previous Body Oriented Training

Health Profile

Current Health (Illnesses, symptoms, diagnosis, including mental health)

Current and Past Medication and Drugs (including prescribed and recreational drugs, i.e tobacco, alcohol, etc.)

Physical Health History (major illnesses, accidents, falls, hospitalizations, surgeries, etc.)

History of severe emotional loss or trauma.

History of any mental health diagnosis or conditions.

History of hospitalization, depression, medication.

Your birth history and childhood (any known details, any relevant history)

Birth history of your children (natural, home or hospital birth, induced labor, anesthesia, C-section, etc.)

Significant family dynamics and history.

Current & past therapy (current therapeutic modalities that you are experiencing as client/patient)

List any people, creatures, places, modalities, pastimes or interests that support you and your life?

Why would you like to take this module training?

What do you expect from this module training?

Please list two professional references (name, address, phone #). They may also be contacted about your abilities to benefit from and apply yourself to the training.

Due to the deep nature of this work, your personal process may come to the surface. The classes and training are not a personal or group process workshop, yet it is recognized as a natural unfoldment. In order to appropriately contain processes within class time, it is required that you be familiar with your own process and have outside resources available to support you.

If you are aware of your personal health situation being such that taking the training creates situations where your processes that emerge are inherently and consistently unstable and affect your ability to participate in the training, ability to be a practitioner and impact the training, than you acknowledge you may be denied enrollment and/or asked to leave the training, to seek more appropriate care of your situation.

In signing below, you acknowledge that you have appropriate support available and are willing to seek it. You also acknowledge that during this training that you take care of your health conditions, continue and/or seek the appropriate medical or psychological care and advice for them. The training is for professional practitioner development. It is not a replacement for personal therapy or medical care.

By filling out and signing this application and paying the non-refundable application fee, you acknowledge that it does not imply acceptance into the training program.

Name

Signed

Date