

# ALEXANDER–TECHNIK

## STUDIO GRAZ

### APPLICATION FORM

This form is designed to provide us with basic information about applicants for the training course. All information will be treated as confidential.

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

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

\_\_\_\_\_

Postal code: \_\_\_\_\_

Email: \_\_\_\_\_ Tel. no: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Preferred starting term and/or year: \_\_\_\_\_

I. THE TECHNIQUE

a. How many lessons have you had (approximately)?

b. When did you begin taking lessons and are you currently taking lessons?

c. From whom have you had lessons?

d. If you have you read any books about the Alexander Technique please list them here.

2. FINANCE

It is important both to students and to the stability of the training course that financial security is assured during your three years training.

a. Can you cover the cost of the training? That is three terms each year, for three years, current cost per term being €1,600.

b. Are you dependent on a grant or a loan to do this course?

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3. **HEALTH**

Is there anything concerning your health which you believe may be to your disadvantage during your training? Please include your history of serious illnesses, operations or accidents you may have had. It would assist us to understand your needs.

4. **EDUCATIONAL QUALIFICATIONS AND WORK EXPERIENCE**

Please outline your qualifications and work experience and any special interests you may have.

5. **FURTHER COMMENTS**

Please add any other information which you feel relevant to your coming on to this training course.

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

Please return this form to the Alexander-Technik Studio Graz,  
Harrachgasse 4, 1. OG rechts, 8010 Graz.