**Dear candidate,**

**The Laban/Bartenieff Movement Analysis Training program is a comprehensive course of study. The program utilizes personal movement experience/exploration which is framed through the theoretical content and the process of observation and analysis. The nature of the program stimulates significant personal growth and self-awareness, therefore we want to be sure that students are well suited to the nature of the course work they will be undertaking.**

**Because the curriculum is experienced within the context of a group learning community, it is essential that the participants are familiar and comfortable with collaborative learning and group interaction.**

**Most classes have a strong movement component and include movement exploration/improvisation as well as codified movement sequences so it is also essential students are prepared to fully physically invest in the learning process. Movement is understood to be at once both functional as well as expressive and our personal patterns of movement can serve to optimize or inhibit our capacity as moving beings.**

**The course work will allow us to investigate movement through all aspects of our selves.**

**Please take time filling out this application and if you have any questions or concerns please contact**:

Michal Zacut 0546355514 / Milca Leon 0544643230;

Through email for questions in English, Karen krnstudd@gmail.com .

Application Form

LIMS® /Israel Certification Program in Laban/Bartenieff Movement Studies

**Please fill out and send pages 1-6 before April 15th to:** laban.bartenieff@gmail.com

Please select Modules:

☐ Module 1 ☐ Module 2 ☐ Module 3 ☐ Module 4 ☐ Entire program

1. General Information

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

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

Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your Skype ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact phone:\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact relationship:\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nationalities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Languages: English Fluent / Good / Poor

 Hebrew Fluent / Good / Poor

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fluent / Good / Poor
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fluent / Good / Poor

You may fill out the questions below by hand, or attach your answers as separate printed sheets.

II. Formal Education

Please indicate schools and colleges/universities, years attended and degrees.
Please provide copies of any transcripts from your college/university or certificate programs.

|  |  |
| --- | --- |
| *School/College/Program:**Years attended:**Qualifications/Degree:* | *School/College/Program:**Dates attended:**Qualifications/Degree:* |
| *School/College/Program:**Dates attended:**Qualifications/Degree:* | *School/College/Program:**Dates attended:**Qualifications/Degree:* |

**III. Movement/Dance Experience –** outline your past and current movement experience.

|  |
| --- |
|  |

IV. Work Experience (you may attach a résumé or CV)

|  |
| --- |
|  |

V. Physical Problems

Please make note of physical injuries/problems that might impact how you work in class and that you feel the faculty should be aware of. (Please note the Medical form at the end of the application form, to be completed by your Doctor/Physician):

|  |
| --- |
|  |

**VI. Write an essay**

Please write a personal essay in which you share your insights, feelings and experiences around the process of movement. For example, what has facilitated or enhanced or challenged you in your personal movement experiences? What role or roles has movement served in your life?

Also include why you are interested in this training and what are your goals in enrolling in this course of study. These goals may be both personal as well as professional. In other words - What are you hoping to gain from participating in this program?

As the nature of the training is to work within a group dynamic please address how you feel about how you experience yourself with in a group. What do you believe you bring to this way of working how will it benefit you or challenge you?

Please feel free to include any other information that you feel would be helpful in getting to know you.

**VI. Current Work / Study/Personal commitments**

Please give a brief outline of the above, and include any additional demanding role/s you expect to fulfill while enrolled in the LIMS® Modular Program:

|  |
| --- |
|  |

IX. Recommended Preparatory courses

This Certification program is delivered at post-graduate level and is offered in an intensive modular framework. It is expected that applicants will have good basic knowledge and experience of kinetic studies in Anatomy, Physiology *or* Kinesiology. These can be gained in a variety of ways e.g. studies of Yoga therapy, Pilates, Massage Therapy, Physiotherapy, Osteopathy, Cranial Sacral Therapy, Body Mind Centering, or through other independent courses. Please indicate what your background in this area includes.

If you have any background in LMA and or BF classes please indicate what this is and who were your teachers

|  |
| --- |
|  |
|  |

X. Professional Recommendations

Please submit names and addresses of two individuals to whom you have sent the reference forms. Professional recommendation requests have been sent to:

|  |  |  |
| --- | --- | --- |
| 1 | Name: |  |
|  | Relationship to Applicant: |  |
|  | Address:email |  |
| 2 | Name: |  |
|  | Relationship to Applicant: |  |
|  | Address:email |  |

XI. Declaration

I confirm that all of the information provided as part of my application for the LIMS® Modular Certification Program in Laban Movement Studies is correct. I also confirm and understand that all documentation and evidence must be provided in order for my application to be fully processed.

Applicant's Name: [PRINT] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Application Checklist:

* non-refundable application fee
* Application form
* Two digital passport-sized photographs printed or attached as a digital file.
* Essay
* Documentation of Anatomy & Kinesiology and other preparatory courses
* Two recommendation letter forms sent to your referees
* Medical readiness examination form
* College/University transcripts, Certificates, other evidence of readiness for graduate work

Physical Activity & Mental Health Readiness Form

LIMS® Modular Certification Program in Laban/Bartenieff Movement Studies

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above named applicant is applying to the Modular Certification Program in Laban/Bartenieff Movement Studies, which, due to the intensive nature of the program, requires a good level of mental and physical fitness. (\*Delete where applicable)

|  |  |
| --- | --- |
| In your opinion the applicant's general health is: | Excellent / Good / Poor\* |
| Does the applicant have a history of serious illness or injury (physical and/or mental)? | Yes / No\* |
| If yes, please describe: |  |
|  |
| Does the applicant have a history of chronic pain or disabilities? | Yes / No\* |
| If yes, please describe: |  |
|  |

In your estimation is there any physical or mental issue that would hinder the applicant’s participation in this intensive and strenuous program? Yes / No\*

|  |
| --- |
| If yes, please describe: |
|  |

|  |  |
| --- | --- |
| Practitioner’s Name :Practitioner’s title (MD, DC, RN, etc): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature: |  |
| Address: |  |
| Email: |  |

Please request a registered health practitioner or personal therapist to make this assessment for you

Professional Letter of Recommendation

LIMS® Modular Certification Program in Laban/Bartenieff Movement Studies

Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Referee,

The above named person has applied to the LIMS® Certification Program in Laban/Bartenieff Movement Studies and has provided you as a referee.

We would be very appreciative if you would provide a reference detailing, in your opinion, the applicant’s ability to pursue professional level study in a dynamic movement theory and application course.

Please include a comment on the applicant’s movement skills (if known), competence in abstract thinking, ability to relate in groups and ability to work in an intensive learning structure.

Also please state the length of time you have known this person and the context of your relationship.

Thank you for your time and consideration of the applicant.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Professional Letter of Recommendation

LIMS® Modular Certification Program in Laban/Bartenieff Movement Studies

Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Referee,

The above named person has applied to the LIMS® Certification Program in Laban/Bartenieff Movement Studies and has provided you as a referee.

We would be very appreciative if you would provide a reference detailing, in your opinion, the applicant’s ability to pursue professional level study in a dynamic movement theory and application course.

Please include a comment on the applicant’s movement skills (if known), competence in abstract thinking, ability to relate in groups and ability to work in an intensive learning structure.

Also please state the length of time you have known this person and the context of your relationship.

Thank you for your time and consideration of the applicant.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date



