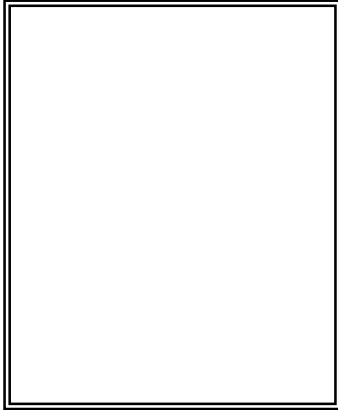


# Institute of Complementary Therapies

## Application and Database for the Professional Training in Craniosacral Biodynamics



Name

Address

Home Telephone:

Work Telephone:

Mobile Telephone:

Email address:

How did you hear about the ICT?

**REQUIRED: Photo**

**PLEASE PRINT CLEARLY (OR TYPE)**

If any answers need more space please attach as necessary

**Name you would like on your certificate or diplomat:**

**Profession:**

**Age:**

**Date of Birth:**

**M/F:**

**Family/Relationships:** (married/partnered, children):

**Formal Education: Education, Degrees and Trainings:**

Degrees/Certificates

Completion Date

Length of Training  
(hours/months/years)

**Professional Qualifications:** (e.g., Association registration etc.):

**Description of Professional Practice:**

Nature of Practice

Clients per week

Years in practice



## Health Profile: continued

**Psycho-emotional:** (psychiatric, psychological processes that affected your functioning or well-being):

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**Hospitalizations, Surgery:** (For physical or psychological reasons):

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**Birth History and Childhood** (any know details and relevant history - e.g. mother received anesthetics, home or hospital, etc.):

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**Current Therapy:** (current therapeutic modalities you are experiencing as a client/patient):

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**Past Experience of Therapies** (modalities you have experienced as a client/patient):

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**Past Criminal Record** (any criminal convictions):

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## Purpose of the Training

- To provide an in depth understanding and appreciation of the principles of the Primary Respiratory and Craniosacral Systems
- To provide an in depth understanding and appreciation of the unfoldment of the Breath of Life and its ordering and healing functions in the human system
- To be able to apply these principles clinically
- To convey and teach clearly defined palpation skills with the ability to apply these skills in a clinical context
- To graduate skilled, safe and therapeutically effective practitioners

## Application Requirements

### REQUIRED:

- Practitioner Status in orthodox or complementary fields of medicine or therapy
- A sound training in and knowledge of anatomy and physiology
- Understanding of pathology and symptomology
- At least a year of professional practice in your own field
- Training in and appreciation of practice management skills, standards of professional practice and professional code of ethics
- An interview may be required if distance permits

### HIGHLY RECOMMENDED:

- Experience in a body oriented therapy form
- Personal experience of Craniosacral Therapy
- Experience of other holistic forms of therapy

### FINANCIAL OBLIGATIONS

- I understand and agree that once I have been accepted for the training, that if I withdraw before the start of the course, my deposit is non-refundable.
- I agree that if a deposit is refunded, a \$100 administration fee will be deducted.
- I understand and agree that I am committing to the entire training program and its tuition fees. All installments payments during the training period are non-refundable.

### DEPOSIT

Deposits will be due within a week of your acceptance onto the training.

**I enclose my non-refundable application fee of \$50.**

Signed \_\_\_\_\_

Date \_\_\_\_\_

When completed, please send this form by **regular mail or email attachment to:**

ICT Administrator  
Institute of Complementary Therapies  
4224 Waialae Avenue, Ste. 129  
Honolulu, Hawaii 96816-5330  
ICTeducate@aol.com

## ICT Institute of Complementary Therapies Booking Conditions for Training Courses and Seminars

1. Reservations for courses or seminars should be made in writing using the application form available.
2. Places are only reserved following receipt of the completed application, photo, required deposit paid in USD funds and/or the administration fee as published.
3. All deposits and administration fees are non-refundable in all circumstances.
4. If the course is cancelled by the ICT for whatever reason our liability shall be limited to the refund of deposits to those booked on to the course or seminar concerned and no liability shall be held to any other party or for any other costs incurred by the student.
5. All reservation cancellations must be in writing.
6. In confirming acceptance of the place offered on any course or seminar the student is thereby undertaking responsibility for the payment of the course fees in full and for making payments on the specified due date(s).
7. In the event of cancellation of a seminar or course reservation after an acknowledgement has been sent to the student, fees become due as follows:  
  
Within 2 months (8 weeks) of course start date: full fees  
Within 2-3 months (12 weeks) of course start date: 50% of fees due  
Beyond 3 months: no further payment is due.
8. All payments payable to ICT for fees and all refunds to be made in USD.
9. ICT reserve the right to alter dates, staffing or venues due to unforeseen or exceptional circumstances and there will be no liability to any party for costs.