

Application

Your Contact Details

First Name:

Last Name:

Street Address:

Suburb: State:

Postcode:

Phone number:

Mobile number:

email:.....

Emergency Contact Details

First Name:

Last Name:

Phone number:

Mobile number:

Academic Record

I have a:

- Certificate IV in Massage
- Diploma in Massage
- Degreee in Health Science

with a minimum of 100 hours of anatomy/physiology/kinesiology (study of movement) and have attached a copy of my transcript to this application.

Payment Plan

I understand that this course is offered in a modular format and that the payment of \$635 for each module is to be made at least 5 days before the commencement of that module. The amount of \$635 is to be paid by EFT. In the event that a payment is made via credit card I understand that there is a 3% surcharge.

Name:

Signature:

Date:

Assessment and Certification

I understand that this is a private course and thus it does not fall within the guidelines of the AQTF or VET. I understand that in this class assessment of competency is derived from: ongoing classroom participation; a demonstrated ability to implement the material presented in the class; development of a skillful touch that takes into account the ability of a client to receive the work; professional conduct that includes the ability to demonstrate therapeutic warmth with student peers and outside models; satisfactory completion of the written paper; and **100% attendance at all modules**. Furthermore I understand that Michael Stanborough reserves the right to discontinue my training with SI Australia.

I understand that graduation from the course can lead to membership in the International Association of Structural Integrators if I choose to make such an application. Furthermore I understand that I may in no way represent myself as a Rolfer™ or as having trained at the Rolf Institute.

Name:

Signature:

Date:

Witness Name:

Witness Signature: