

BMP REGISTRATION FORM

Please fill out the following information and send it through email to: contact@bodymindprocess.com and send a current picture passport size.

STUDENT INFORMATION	
Last Name: _____	First Name: _____
DNI/NIE/Passport: _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Birth date: _____	Country of origin: _____
Address: _____	City/town: _____
ZIP/Postal Code: _____	Country: _____
Land Phone: _____	Cell phone: _____
Email address: _____	Skype (optional): _____

PROGRAM YOU ARE APPLYING TO (Mark with an X):
<input type="checkbox"/> 1. Programme on BMP Diploma of Completion
<input type="checkbox"/> 2. Programme accreditable for the Master of Education (MEd)
<input type="checkbox"/> 3. Programme accreditable for the Master of Science (MSc)
<input type="checkbox"/> 4. Programme on Teacher Training Diploma of Completion

PROFESSIONAL INFORMATION
Current Occupation/ Profession:
Are you a healthcare professional?
If so, list all healthcare/helping professions experience:
Do you have any experience in therapeutic/spiritual groups and/or any training or study in spiritual growth, healing or healthcare?
If so, which one/s and for how long?

ACADEMIC INFORMATION

Highest Level of Education Completed (Indicate Type of Diploma/Degree):

Level of English:

List other language(s) in which you are fluent:

Do you have a basic knowledge for Computer (like "Word" or "Page" program, internet, etc.):

Please, remember to include the academic information documents that are requested below (just for training options 2, 3 & 4):

ACADEMIC INFORMATION TO BE SENT:

1. If you are applying to one of the BMP Master Program (options 2 & 3), please include a copy of the following information in English:
 - University Bachelor Degree (if you have it).
 - Or BHS 4 Years Program Diploma and the University Access Test or equivalent: a proof that you have the required university level to study a degree in an university of an European country.

2. If you are applying to the BMP Master Program and the Teacher Training program* (option 4), please include a copy of the following information in English.
 - University Bachelor Degree (if you have it).
 - University Access test or equivalent.
 - ASBIW graduation proof of completion.
 - Or BHS + PSEN proof of completion.
 - Curriculum Vitae.

*You can pre-register to this Teacher Training Program if you are an ASBIW graduated or a BHS graduated with a PSEN training. If you don't have this qualification but have a training in somatic experience we can also consider your pre-registration.

CONFIDENTIAL HEALTH INFORMATION

Do you have any physical problems or physical limitation at this moment?
If so, what are those physical problems and for how long they have been present?

Are you taking any medications currently?
Or have you been taking medication within the last 2 years?
If so, please list conditions for which they are /were being taken:

Have you ever been hospitalized and/or treated for psychological difficulties, or has it been recommended?
If yes, for what and when? List date(s):

In Case of Emergency, Contact:

Last Name:	_____	First Name:	_____
Land Phone:	_____	Cell phone:	_____
Email address:	_____	Skype (optional):	_____
City/town:	_____	Country:	_____
Language:	_____	Relation to you:	_____

Is there anything else that we should know about your conditions?

LANGUAGE NOTE: ALL CLASSES ARE TAUGHT IN ENGLISH