



EXPERIENTIAL PSYCHOTHERAPY

This form is interactive. Fill it out, save and email the completed form to info@hakomimallorca.com
We will follow up with a confirmation email securing your enrollment in this Foundation Level Hakomi Professional Training.

FULL NAME

ADDRESS

PHONE NUMBER

EMAIL ADDRESS

DATE OF BIRTH

CURRENT PROFESSION

HOW DID YOU HEAR ABOUT THIS FOUNDATION LEVEL HAKOMI PROFESSIONAL TRAINING?

REGISTRATION

What draws you to Hakomi?

How does this training fit with your career and life goals?

Hakomi students are expected to have had a significant amount of personal growth experience prior to enrollment in the training. Describe your experience as a client of psychotherapy, bodywork, or growth-oriented processes.

In addition to your paying clients, Hakomi students are also expected to practice outside of class with non-paying 'practice clients'. Tell us how you intend to obtain these practice clients.

Personal issues are often triggered through participation in practice exercises and group process. Do you have a therapist you can work with outside of class if you or the faculty feels this would be beneficial?

What is your experience of yourself as a participant in groups? What resources do you bring to group situations? What is likely to be challenging for you about being part of a close training group?

Please describe your formal education and training (Degrees, certificates, licenses).

Please describe your experience (Years, type of service) providing counseling, psychotherapy, coaching or other 1-1 helping services to clients.

Please list which Hakomi introductory workshop you have taken or intend to take before the start of the training. *(Please note that your application will not be approved until you have taken a workshop.)*