



## **Somatics & Trauma Training 2006: Level One Application Form**

Thank you for your interest in the Somatics & Trauma Training 2006. To apply please submit the completed application form to: Donna Diamond at [ddiamond@somaticsandtrauma.org](mailto:ddiamond@somaticsandtrauma.org) or 50 Chaves Avenue San Francisco, CA 94127.

If you have further questions please contact Donna Diamond  
415.564.2073 or [ddiamond@somaticsandtrauma.org](mailto:ddiamond@somaticsandtrauma.org)

**Date:**

**Name:**

**Street Address:**

**City, State, Zip Code:**

**Work Phone:**

**Home Phone:**

**Cell Phone:**

**E-mail:**

**How did you hear about us?**

**Please answer the following questions:**

- a) What interests you in the training?
  
- b) What do you want to gain from taking the training? What personal and professional development and/or transformation do you want to gain by the end of the program?
  
- c) What communities do you identify with? What communities are you currently working with? What types of clients do you work with (i.e. individuals, couples, healing groups, community work, others)?
  
- d) If you have experiences of trauma, how do you think those experiences will add to or challenge your participation in the course?