

**ATTC**  
**APPLICATION: TEACHER TRAINING COURSE**

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

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**TELEPHONE/AM:** \_\_\_\_\_

**TELEPHONE/PM:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**PRESENT OCCUPATION:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

Type or print clearly. Feel free to use additional paper if necessary.

1. **ALEXANDER EXPERIENCE:** (e.g., the teachers you have studied with, the approximate dates, the number of lessons, etc.)

2. **EDUCATIONAL BACKGROUND:**

3. **WORK EXPERIENCE**

4. **EXPERIENCE IN RELATED FIELDS:**

5. **SPECIAL INTERESTS & HOBBIES:**

6. **MEDICAL BACKGROUND:** (e.g., list any hospitalizations, operations, physical disabilities or injuries, and any other chronic or current conditions, etc.)

7. **BRIEFLY STATE YOUR REASONS FOR WANTING TO BECOME AN ALEXANDER TEACHER:**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_