**Application**

**for the 1st year (Basic training) in
Pesso Boyden System Psychomotor following the Internationalen Curriculum**

First name / last name

Address

Telephone (business or private)

e-mail

Day of birth

Education

Description of current professional activities

I have completed the following psychotherapeutic training

I have the following PBSP-therapeutic experience (place, time, trainer)

Motivation for the training

I declare that I agree with the conditions of participation in this call

Place / date signature