

Somatic Affective Touch and Talk (SATT) Application

Name: _____

Phone #: _____

E-mail Address: _____

Mailing Address: _____ City:

_____ Province/State: _____ Postal

Code: _____ Country: _____

Identify your interest in (please circle one):

SATT Practitioner **or** Participant

Essay Question(s)

Answer one or more of the questions below in 500-750 words, total.

1. What is your education and work history and how does it relate to Somatic Affective Talk and Touch?
2. What in your personal background led you to the Somatic Affective Touch and Talk Approach?
3. What intrigues or excites you about taking the training?

Additional Requirements

- Provide a brief background of your work or life experience including one reference
- Provide copies of Degree(s) and/or Certification(s), if applicable
- Provide a \$300 application fee
- Contact Gilly at 604-720-0450 with questions

Thank you for your application.

