

**Questionnaire**  
**The Discipline of Authentic Movement**

I would like to ask you to answer the following questions taking your time and in detail.

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First name and family name Date of birth

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Country, Street, house number, postal code and city

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Telephone/Mobile phone (important) E-mail (important)

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Professional education, prior and actual profession

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What experiences were you able to make in Authentic Movement (extent and duration) and with which teachers?

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What attracts you to Authentic Movement?

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Which are your aims for your personal and professional development in relation to practicing the Discipline of Authentic Movement?

**Which experiences were you able to make (extent, duration, method) in the area of (if existing):**

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Body / Movement

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Arts (Dancing / Theatre / Music / Fine arts)

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Therapy / Self-awareness

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Awareness training / Meditation

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Further annotations important to you.

**Thank you!**

**Please send via email, post or fax:**

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