

APPLICATION FORM

ZOE SUMMER SCHOOL: Living Lab

Full Name	
Profession and title	
Preferred pronouns	
Date of Birth	
Postal Address	
Email address	
Phone	

For dancers DM/Ts and DfHs

professional training (dance for health or dance therapy or other)	
dance background (style or form(s), number of years)	
what stage of professional development (just trained, working how many years)	

For all participants

Which populations do you work (older adults, children, AD/PD)	
Setting of your work (hospital, community centre, studio private office, etc)	
What do you hope to get out of the training	

Thank you very much!
The ZOE Lab team