

Application for Diploma as Postural Integration® Practitioner (2020)



This application is to be shown to and signed by the student's PI Trainer(s) [all directing PI-trainers are to sign] after completion of all requirements. The applicant then sends the application and the 10 page experience report directly to the ICPIT-secretariat*, the fee to the ICPIT bank account**.

I have completed – the following requirements from the International Council of PsychoCorporal (Bodymind) Integration Trainers (ICPIT):

- ☐ Minimum of 700 hours of training in three phases over 3 years.
- ☐ Worked with the simultaneous unity of energetic, emotional, cognitive and physical dimensions of bodymind.
- ☐ Internship, consisting of work with three training-clients, including supervision.
- ☐ Presented a complete report of the work with my training-clients to my trainer(s) before signing the application form (this report does not need to be sent to the secretariat of ICPIT)
- ☐ Completed a ten page report of working with training-clients in Phase III and have presented a copy of the report to my trainer(s) before his/her/them signing below. (This 10 page report needs to be sent to the secretariat of ICPIT)
- ☐ I clarified with my training-clients that the process has come to an ending. In the last session I provided a time for sharing about what was important for both the client and the student practitioner before saying goodbye.
- ☐ I understand that it is my responsibility to obtain the necessary licence for practicing PI in my country.
- ☐ I have completed any additional requirements from my PI Trainer(s) and understand that the requirements of ICPIT are separate from those my trainer(s) may state.
- ☐ I am paying a fee of €100 into the ICPIT bank account* or sending an International Postal Money Order to the ICPIT Secretariat.
- ☐ I understand that my diploma will be issued by The International Council of PsychoCorporal (Bodymind) Integration Trainers (ICPIT) and will be signed and awarded to me by my trainer(s).

Name of Student's Trainer(s)

Signature of Student's Trainer(s)

Student's Name

Address

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Phone/Fax.....

E-mail.....

Signature.....Date.....

***ICPIT Secretariat:**

Destelbergenstraat 51

B-9040 Ghent, Belgium

Mail: secretariat@icpit.org

****ICPIT bank account:**

Erste Bank AG

Am Belvedere 1

1100 Vienna, Austria

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IBAN: AT672011184059140300.