



**SI-BMT**  
Structural Integration  
Bodywork & Movement Therapy

## SI-BMT Application for Enrollment

Welcome!

Thank you for your interest in joining the SI-BMT 978-hour Structural Integration Practitioner training program. Please give yourself ample time to fill out this enrollment form with honesty and thoughtful consideration. Your answers can be as long as you need them to be.

Please email your completed application to **[admin@si-bmt.com](mailto:admin@si-bmt.com)**.

Once we receive your application, we will schedule an interview to discuss your background, goals, and readiness for the program.

If you have any questions, feel free to contact us at **[admin@si-bmt.com](mailto:admin@si-bmt.com)** or **(530) 588-0177**.

Warm regards,

Aimee Kolsby-Cadiz, BCSI & Cara Ernest, BCSI



## Contact Information

Date

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Name

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Address

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Phone number

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Email Address

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Birthdate

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Age

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How did you hear about SI-BMT?

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Please list the name of the S.I. practitioner and the date you completed the Structural Integration 10-series

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## Employment Information

Current Occupation

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Current Employer

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## Education Information

High School (Please list high school, including the date of graduation)

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College (Please list colleges/universities, including years attended and degrees attained)

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Training Programs (Please list any training programs, i.e., teacher, nurse, massage, including years attended and certifications or licenses attained)

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Licenses (Please list any currently held licenses (i.e., M.D., P.T., O.T., M.F.T., etc))

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# On Becoming a Structural Integration Practitioner

What has inspired you to become a Structural Integration practitioner?

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What bodywork or movement work have you experienced, and what were the results?

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As an S.I. practitioner, you will work with individuals of all ages and diverse backgrounds, each with their personal histories and challenges. During sessions, clients may experience a range of emotional and physical responses, such as anger, sadness, joy, or discomfort. Practitioners must demonstrate emotional maturity, empathy, and a strong desire to support others in these situations. Based on your life experiences and personal qualities, how do you believe you are equipped to handle these challenges effectively?

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Please rate your overall readiness (low 1 - 5 high) in the above area.

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As an S.I. practitioner, you will engage in hands-on work with clients' bodies. Please describe your experience with or feelings about providing physical touch in a professional setting and your comfort level with this aspect of the practice.

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Please rate your overall readiness (low 1 - 5 high) in the above area.

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As an S.I. practitioner, your body will be an essential tool in your work. Describe your physical abilities, strengths, and any challenges you've experienced. What lessons have you learned from your own body, and how do you believe these insights will support you in your practice?

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Please rate your overall readiness (low 1 - 5 high) in the above area.

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This professional S.I. practitioner training requires many hours of independent study. Please discuss your experience with time management and self-directed learning. How do you approach staying organized, motivated, and accountable?

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Please rate your overall readiness (low 1 - 5 high) in the above area.

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As an S.I. practitioner, you will operate as an independent business owner, responsible for all aspects of your practice, including marketing, client acquisition and management, scheduling, finances, and overall business development. Success in this field requires initiative, confidence, and a strong commitment to building and sustaining your practice. How prepared do you feel to take on these responsibilities?

What relevant experience do you have that will support you in this role? Reflect on what this means for you and why you believe you will succeed.

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Please rate your overall readiness (low 1 - 5 high) in the above area.

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## Financial Considerations

Please outline your financial plan for this training. This plan should take the following into account: tuition, lodging, travel expenses, and any income lost due to absences from work during training, as well as ongoing financial commitments such as mortgage payments, loans, and credit cards. What are your expected funding sources, i.e., savings, loans, scholarships, or financial support from others?

Be as specific and detailed as possible. Providing specific and detailed information will help you anticipate the impact of this training and proactively address potential challenges or obstacles.

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New businesses often face challenges in their first few years as they work to establish themselves. Preparing for these realities will help you navigate obstacles effectively and set a strong foundation for success.

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Please consider and outline your financial strategy for your first year of practice, including expected income, expenses, and contingency plans if your initial plan does not work as expected.

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## Family

Making a career change often requires the encouragement and support of those closest to you. How do your family and friends feel about your decision to pursue this path? What kind of support—emotional, financial, or practical—do you anticipate receiving from them?

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Do you have children or other dependents? If so, how many and what are their ages? What are your plans for their care during the training?

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## Personal Reflection

What do you consider your three major accomplishments in life?

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What do you consider to be your greatest strengths that will help you succeed as a S.I. practitioner? What areas do you see as potential challenges?

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Fast forward ten years—what does your career and life look like? Outline the key milestones you've achieved, the impact of your work, and how your journey as an S.I. practitioner has unfolded. What successes are you most proud of?

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