

Application Form for Relaxed Birth and Parenting Training

Name: _____

Address: _____

E-mail: _____

Telephone: _____

Mobile: _____

What is your interest in doing this course and how do you see yourself working with it?

What changes would you like to see in the arena of birth?

What is your experience of birth to date (being born, giving birth, attending birth and so on!)

What excites you most when you consider this training?

Please feel free to write more if you want.