



LABAN / BARTENIEFF
Institute of Movement Studies

Application Form
LIMS® Certification Program in Laban Movement Studies

_____ Date

I. General Information

Name _____ Home Phone _____

Address _____ Work Phone _____

_____ Cell Number _____

_____ Fax Number _____

Date of Birth _____ Email _____

Citizenship _____ Social Sec. # _____

Program Format _____ (Yearlong, Modular)

Are you fluent in English? _____ yes _____ no

II. Formal Education (or you may enclose your resume/Curriculum Vitae)

Please indicate schools, years attended, majors, and degrees. Please request that a transcript from your college/university be sent to us.

III. Dance/Movement Education (or you may enclose your resume)

Name _____

IV. Current Work

Please give a brief description of your current job, educational commitments or any additional demanding role you expect to fulfill while enrolled in the LIMS® Certification Program:

V. Work Experience (or you may enclose a resume)

VI. Please write an essay (2-3 pages) discussing the following. Please TYPE your essay on a separate page:

- A. Those insights, feelings, and experiences around movement which you feel contributed to your personal development. Please discuss enhancements and facilitators as well as challenges.
- B. How you view the Laban Movement Studies Program as important to your professional goals and objectives. If you are currently utilizing LMA/BF concepts in your work please discuss your application of the material as well as how you plan to apply LMA/BF post-Cert. If you are new to LMA/BF please discuss how you anticipate integrating LMS into your field of application.
- C. The material taught and experiential nature of the LIMS® Certification Program in Laban Movement Studies stimulates significant personal and professional growth. Please discuss your feelings about integrating personal and professional work within a professional training program.

VII. How did you hear about LIMS® Certification Program in Laban Movement Studies?

Name _____

VIII. Medical History

Please specify any medical problems or physical injuries you incurred requiring professional treatment:

IX. Prerequisites

The three prerequisites for entrance into the LIMS® Certification Program in Laban Movement Studies are **Introduction to Laban Movement Analysis** (Minimum of 15 hours) and **Introduction to Bartenieff Fundamentals_{sm}** (minimum of 15 hours), which must be taught by a Certified Movement Analyst. **Anatomy and Kinesiology** (minimum of 20 hours) may be taught by a qualified instructor. Please list number of hours, location and Instructor name and contact information for each course:

A. Introduction to Laban Movement Analysis

B. Introduction to Bartenieff Fundamentals_{sm}

C. Anatomy and Kinesiology

Name _____

X. Professional Recommendations

Please submit names and addresses of two individuals to whom you sent our reference forms. We suggest you include stamped envelopes addressed to: The Laban/Bartenieff Institute of Movement Studies, 520 Eighth Avenue, Suite 304, New York, NY 10018 along with each reference form.

Please keep application deadlines in mind and allow at least three weeks for these forms to be completed and returned to LIMS®.

Professional recommendations have been sent to:

Name: _____

Address: _____

Name: _____

Address: _____

Application Checklist:

- \$225.00 non-refundable application fee
- Application form (4 pages)
- Two passport-size photos
- Essay
- Intro to Bartenieff Fundamentals documentation of completion
- Intro to Laban Movement Analysis documentation of completion
- Anatomy and Kinesiology documentation of completion
- Two recommendation letter forms sent to your referees
- Medical examination form
- College/University transcript(s)



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Medical Examination Form
LIMS® Certification Program in Laban Movement Studies

Applicant: _____

The above named applicant is applying to the Certification Program in Laban Movement Studies.

In your opinion, the applicant's general health is: _____ Excellent _____ Good _____ Poor

Does the applicant have a history of serious illness or injury? _____ Yes _____ No

If yes, please describe:

Does the applicant have a history of back problems? _____ Yes _____ No

If yes, please describe:

In your estimation, is there any physical problem, which would hinder the applicant's participation in a strenuous movement program? _____ Yes _____ No

If yes, please describe:

Physician's Name

Telephone Number

Signature

Address



LABAN / BARTENIEFF
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Professional Letter of Recommendation

LIMS® Certification Program in Laban Movement Studies

Applicant: _____

Dear Referee,

The above named person has applied to the LIMS® Certification Program in Laban Movement Studies and has provided you as a referee.

We would be very appreciative if you would please send LIMS® your opinion of the applicant's ability to pursue professional level study in movement theory and application. A comment on the applicant's movement skills (if known), competence in abstract thinking, ability to relate in groups, and ability to work in an intensive learning structure would also be most helpful. Please include the length of time you have known this person for, and the context of your interaction.

Thank you for your time and consideration of the applicant.

Print Name

Signature

Date



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Professional Letter of Recommendation

LIMS® Certification Program in Laban Movement Studies

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