



Minnie Loubser - Organizer & Ilse Erasmus –  
Administrator  
Office: +27 60 733 8654  
Email: [admin@somaticexperiencingsouthernafrica.com](mailto:admin@somaticexperiencingsouthernafrica.com)  
Web: [www.somaticexperiencingsouthernafrica.com](http://www.somaticexperiencingsouthernafrica.com)

## **Readmission Application to the Somatic Experiencing® Professional Training**

Thank you for your interest in the Somatic Experiencing Professional Training. This application is for returning students who attended the Professional Training Program five or more years ago and not for enrollment into a specific cohort.

Completing this application will take about 10-15 minutes. Please note that you will be required to attach your resume with this application process.

In addition to this application and your resume, we also require a current Student Informed Consent and Release Agreement. **Please see attached a copy of this agreement. Once you have signed it, please return it to Ilse Erasmus via email in pdf format only.**

Once we have received your complete application materials, processing will begin. Applicants will be notified by email of their application status within 10-15 business days.

Applications may take longer to be processed if:

- 1.) they are incomplete (missing Student Informed Consent Agreement or CV/ resumé) or need follow up information,
- 2.) an influx of received applications occurs after an Intro into SE, SESA Workshop.

At the time of acceptance, applicants will receive an acceptance email with instructions on how to register and resume training.

If you need support with your application, please contact Ilse.

A student's offered space is only secured once payment is processed, either in full or with a payment plan.

Name (first and last name) \*

Email\*:

Phone\*:

Address\*:

I understand that admission into the SESA Training Program is contingent upon holding a certification or license in a healing arts profession, as well as an active clientele base.

(Please initial the spaces below). \*

\_\_\_I agree.

Students are required to retake their last attended module following an absence for more than 2 years. \*

\_\_\_I agree.

Last module completed: \* (attach your certificate)

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My last module was completed (circle one):

- Live in person
- Online
- By pre-recorded video review

Level and cohort you would like to join. (If you do not know, please visit the website ([www.somaticexperiencingsouthernafrica.com](http://www.somaticexperiencingsouthernafrica.com)) for the training schedule) \*

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SECOND CHOICE: Level and cohort you would like to join. (If you do not know, please visit the website ([www.somaticexperiencingsouthernafrica.com](http://www.somaticexperiencingsouthernafrica.com)) for the training schedule) \*

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Please state your reason for discontinuing your SE training. \*

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**Please submit your updated, professional resume or CV with this application. \***

What is your professional title, or what are your credentials? Please write out the full title without acronyms.

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License/Registration number, if applicable: (Compulsory)

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**Clientele Base Definition and Possible Exceptions:**

We define an active clientele base as a collective of recipients that receive the services of your certified or licensed healing arts profession. Applicants must have an existing and active clientele base to work with throughout the 3 years of the training program. This is to ensure the integrated training process with you and your clients.

Has your professional practice had any significant changes since you last attended the SE™ program? (circle one) \*

- Yes
- No

How do you foresee yourself implementing the SE modality into your professional practice?

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How many clients do you see on a weekly basis? \*

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Do you have any grievances, complaints or actions filed, pending or upheld against you for misconduct of any kind as a professional before any licensing, regulating, associative, or legal body? (circle one) \*

- Yes
- No

### **Other Questions**

#### **Please note:**

Assistants are available to offer immediate support to students who become activated by the content of the training.

If more than 15 minutes is needed for regulation, students may be asked to leave the training until regulated.

I understand that the SE three-year program is an educational/professional training and is not a space for personal trauma resolution work. It is not suitable for those solely seeking a personal-growth experience. I further acknowledge that content in the training curriculum may be activating (circle one). \*

- Yes
- No

Do you require any specific aids or services?

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Are you seeking financial support?

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### **Agreements**

**All information submitted will be confidential.** Once we have received your complete application packet you will be notified by email of your application status within 14 business days. Applications are approved on a case-by-case basis. Somatic Experiencing® Southern Africa reserves the right to approve or deny any application, and/or accept or reject the participation of any person in its sole discretion and in accordance with its policies and the law.

**Registration and payment:** Once an application is accepted, students must register and pay for their module to guarantee a space in the training. Instructions on how to register will be provided in the acceptance e-mail. Please read the acceptance email thoroughly to understand the steps for your registration. Please contact your organizer with any questions regarding training costs.

We reserve the right to cancel and/or reschedule any module due to low enrollment prior to the start of the module. Should your module be cancelled, you will be notified as soon as possible. For module cancellations, a full tuition refund will be issued or the funds may be transferred to another module, at your request.

**Please note:** Somatic Experiencing® Southern Africa is not liable for expenses incurred due to class cancellation, including but not limited to airline cancellation fees or hotel cancellation fees.

**Refund Policy:** Please contact your organizer for details about their Sales, Transfer, Cancellation and Refund policies.

I have read and agree to the statements above:

I agree.

I understand that completing this application does not guarantee me a space in the training program and that there is a 14 business day processing time on all applications. \*

I agree.

I understand that, once I receive acceptance to the training program, my space in the program is only reserved once payment is received. \*

I agree.

I understand that, upon application acceptance, I will be required to retake and complete my most recent module before moving on to the next level.

I agree.

**Participants:**

With the submission of this application, I

- a) Declare that all information above is true and correct,
- b) I give the organizer and trainer permission to contact previous organizer and/or trainer
- c) Acknowledge that I might have to comply with additional tasks (e.g demo session), requested by either the organizer and/or trainer
- d) Recognize the authority of the organization to cancel admission in the event of non-compliance with the criteria

**Signature:**

**Date:**

**FOR THE OFFICIAL USE**

This is to certify that \_\_\_\_\_ (participant) is approved to join  
Cohort \_\_\_\_ at Module \_\_\_\_\_ Level \_\_\_\_\_.

Specify reasons for declining this application:

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**Signature:**

**Organizer:**

**Name & Surname:**

**Date:**

**Signature:**

**Trainer:**

**Name & Surname:**

**Date:**