**DANCE MOVEMENT THERAPY (DMT) WORKSHOP**

**APPLICATION FORM**

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| --- | --- |
| **Name:** |  |
| **Country:** |  |
| **Organisation, if any:** |  |
| **How did you find out about the workshop?** |  |
| **What kind of assistance does your organisation provide to trafficked women and/or women migrant workers?**  |  |
| **What do you do to support trafficking survivors and/or migrant women?** |  |
| **What is the geographical scope of your work?**  |  |
| **Have you participated in a similar workshop before?** |  |
| **Do you practice self-care in your organisation? How?** |  |
| **Does your organisation have the capacity to provide for your full or partial travel cost?** *While GAATW will cover the local cost during the entire workshop, we encourage organisations to support the transportation cost (roundtrip ticket) of their representative. However, some travel sponsorship will be available and grassroots organisations or self-help groups will get priority in that regard. We can also send you a letter of endorsement if you want to apply for a travel grant to any donor.* |  |
| **What specific skills, knowledge, or insights on direct assistance and/or trauma release would you be able to contribute to the workshop?**  |  |
| **If you are selected to participate, how will this workshop contribute to your own work? Please explain.**  |  |

Please send your completed application form to **alexandra.gaatw@gmail.com** on or before **6 January 2014**.