

# **APPLICANT'S APPLICATION FORM**

## **"Lightning Process - Training Only"**

*Notes to help you fill in this form.*

*Am I ready to take the training?*

*It may be helpful if you have read Phil Parker's book An Introduction to the Lightning Process which is available from the following website:- [www.philparker.org](http://www.philparker.org) - before completing this form; it will help you further decide if you are ready.*

*The Lightning Process TM is a training program. Our experience is that if people apply the lessons of the Lightning Process TM to their lives they can start to change old patterns of thinking which in turn influence their health and happiness. With any training program the trainer can only take responsibility for training and coaching to the best of their ability, and then the student must apply the lessons for himself or herself. If the student doesn't apply the training, then they will naturally see very little benefit.*

*We recommend that you think long and hard before taking this training, does it sound like something that appeals to you, and makes sense to you, something you can commit yourself to?*

*If you feel doubtful, cynical or just want to give it a go to see what happens, then now is probably not the right time for you, so please be honest with yourself and this form or you will probably be wasting your time and money.*

*How the training is conducted.*

*Much will be demanded from you over the three days of the seminar, but if you take on the challenge, which your trainer will assess you for in terms of your readiness, the rewards are extraordinary.*

*Your trainer has a very demanding role during the seminars. They have to not only present the material but also manage and assist you as you go through that very challenging process. There are certain ground rules and understandings that will make the training easier for you and them.*

*Your trainer is completely committed to your success, as a result;*

*They won't tolerate any behaviours that prevent you getting the success that you deserve.*

*They will deliver no-nonsense, honest and essential feedback; please note - do not mistake this as not caring.*

*They will not always say what you want to hear.*

*If what you are doing is going to cost you your success they will tell you even if it risks you being annoyed with them.*

*That's how committed they are to you and your success.*

**Your role in the training.**

**You will need to fill in the training agreement which is included in the application form.**

**PLEASE MAKE SURE YOU FILL IN ALL SECTIONS**

***Agreement***

Please read these statements, and if you agree with them please circle the **AGREE** word, we will not accept you onto the training program unless all the statements are agreed to.

Our experience suggests you should only take the training if you agree to these statements:

I understand that the *Lightning Process TM* is a training program. **AGREE / DISAGREE**

I understand that learning the *Lightning Process TM* does not guarantee me any results. **AGREE / DISAGREE**

I accept full responsibility for the effects of applying or not applying this training program to my life. **AGREE / DISAGREE**

I recognise that the mind and body can powerfully influence each other. **AGREE / DISAGREE**

I am prepared to look at and challenge my beliefs about my condition/illness, my health and myself. **AGREE / DISAGREE**

I am totally prepared to do the sometimes-challenging work, of starting to think very differently, that is required to get myself back on track. **AGREE / DISAGREE**

**Personal details and history**

***PLEASE USE CAPITALS – IN THIS SECTION***

**Name**

**Name you wish to be called if different**

**Address**

**Post code**

**Tel home**

**Tel work/mobile**

**Email**

***About you (this helps us to ensure the course is suitable for your needs, gives a sense of who you are);***

**Sex M/F**

**Date of Birth**

(if you are **Under 18** please ask Parent/Guardian to sign included consent form)

**Occupation**

**What you hope to get from doing the course**

**How would describe your problems/symptoms/illness- (include medical name/ diagnosis if relevant)**

**When did your symptoms begin?**

**How did they start?**

**What effects has this had and or how has this limited your life?**

**I know someone personally who's used the *Lightning Process* to recover their health:**

**YES/NO**

***Future***

**When you have discovered a way to get well/ resolve your symptoms what will you put your energies into/what would you love to do with your life? (Fill in as many that you wish to achieve)**

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

***Readiness***

Overall, what score would you give yourself out of 10 for your belief that you can recover using the Lightning Process? \_\_\_\_\_

***Please score each of the following out of 10, where 10 = "I totally agree with this statement."***

**Statement one**

I want to resolve all my symptoms.

**Statement two**

It is possible for me to resolve all my symptoms.



*Can you suggest any improvements, or do you have any comments about the form?*

***Previous and multiple applications***

Have you applied to take the training before? **YES / NO**

If **yes** which trainer did you apply to.....

And when.....

**What has changed for you since applying to that trainer?**

To process your application we will need to speak to that trainer about your case, please only send in the application form if you agree to this.

***Please do not send in multiple applications to different practitioners.***

***Training Agreement***

**Please read and if you agree to it, sign it.**

**I promise that during the training I will:**

- Deeply and honestly examine my beliefs**
- Be available for coaching at all times**
- Change anything that my trainer identifies as destructive**
- Be open to feedback of the trainer and my fellow trainees.**
- Recognise that I have blind spots that I don't even know I have**

**PRINT NAME.....**

**Signature.....**

**Date.....**

## ***Payment details***

### ***Terms and conditions:***

***50% Deposit required within 14 days upon acceptance of Lightning Process™ seminar***

### ***Conditions of payment***

***Once paid fees can not be refunded in the event of a cancellation on your part, or a failure to complete the training; this is due limited spaces; if you take up a space and cancel, no one else will be able to fill it once the course starts. However, if you cancel at short notice and we are able to fill your space your fees will be refunded***

***We reserve the right to terminate your training if we feel your continued participation would be unhealthy or unhelpful for you. Your fees will not be refunded in these circumstances.***

### ***Cancellation of seminars***

***On occasion unforeseen circumstances may make it necessary for us to cancel a seminar and accordingly we reserve the right to cancel seminars where appropriate. In such circumstances you will be given as much notice as possible and we will either refund the full seminar fee or, if you request, move the training to an alternative date. Liability for any losses other than the seminar costs will not be accepted.***

## ***Ownership***

***All documents you receive as part of your training constitute an intellectual property and are not to be reproduced, sold or distributed in anyway.***

***If you agree to all of the above conditions in this document please fill in and sign the following declaration.***

**I..... (Print name in capitals) understand and agree that once I pay my fees they can not be refunded, that I understand the statements I have agreed to and agree to adhere to the above conditions.**

**(Signature).....**

**Date.....**

***This section must be completed if you are under 18 years of age.***

***If you are under 18 years of age please ask your parent or guardian to read through the form and if they also agree to the terms and conditions, for them to sign the form too***

**Name.....**

**Signature.....**

**Relationship to applicant.....**

**Date.....**

**Thanks for helping us speed up your application by filling this out**

**Certificate of attendance.**

From August 2008 onwards, on completion of the course you will receive an attendance certificate from your trainer. We foresee that, over time, taking a **Phil Parker Lightning Process TM training seminar** will be considered a valuable component of an individual's life and work skills. The certificate will act as a reference that you attended the seminar for personal development which can then be presented to future employers as evidence of your **Phil Parker Lightning Process TM training** attendance.

*To ensure this valuable certificate is accurate your trainer will log your name, certificate number and e-mail address with Lightning Process head office* (please see our Data protection policy for more details).

**Data protection policy.**

The Register of **Lightning Process TM Practitioners** is registered with *The Information Commissioners Office* and all information is held in accordance with the [Data Protection Act 1988](#). We will only use your details for our accounting and statistical purposes or to ask you to complete questionnaires to ensure that you have received the high standard of care we expect from members of our register.

Agreement to the processing of data is therefore a necessary condition of acceptance onto the [training course](#) and by applying for the training course you signify your agreement to this processing and use of your personal data.

Separately to that usage of your data, occasionally we would like to inform you of relevant developments in the Lightning Process and its associated programs. This is an optional service. Your details will never be passed on to anyone else for any reason.

Please tick here .....if you wish to receive occasional and relevant correspondence from us about this.