

Application Form for The Phil Parker Lightning Process[®] Training with Kazy Vincent-Janes

Name: _____

Address: _____

Postcode: _____ Country: _____

Tel Home: _____ Mobile: _____

Email Address: _____

Male/Female: _____ Date of Birth: _____

Occupation/Previous Occupation: _____

How did you hear about the Lightning Process? _____

How did you hear about your practitioner? _____

Thank you for choosing to apply to take the Phil Parker Lightning Process with Kazy Vincent-Janes. Please take your time to go through this form as it will help me to find out more about you and what you are hoping to achieve from taking this training. If you have any questions, please contact me at: 01297-489894 where I will be happy to talk them through with you.

Preparing for your training

The Lightning Process[®] is a training programme, not a treatment or a therapy so you need to be ready to learn. Our experience is that if people apply the skills/tools that they learn from doing this course, then they are able to make changes to achieve new levels of health, wellbeing and happiness.

The Lightning Process is all about you and your future. As it is your future, you will have the biggest role to play during the seminar, will have to do the most work and be very determined. This is why we recommend that you have more of a commitment to the training and success than just 'wanting to give it a go'. Having said that, you will not be alone on your journey, I your practitioner will be there for you before, during and after the course to help you to keep putting the Lightning Process into practice.

We have found that the very best way to help you to prepare yourself to get the most from the training is to read/listen to the book/audio book 'An Introduction to the Lightning Process' which is available from the office or website www.lightningprocess.com. Also take some time to read through the website, especially the feedback and stories from people who have already done the Lightning Process. If you know anyone who has done a Lightning Process course, ask them about their personal experience of the Process and contact me if you have any specific questions you would like to discuss.

1. Have you read the book/listened to the audio book/had the book read to you? Yes[] No[]

If you feel that you are ready to take the course, then please complete this form. Before you are accepted on to the course I will contact you by phone to introduce myself, to ask you some questions about your understanding of the Lightning

Process and to answer any questions you may have. Through discussion with you, we will assess whether this training programme is right for you at this time and provide you with any pre-course coaching required to help you prepare yourself for the training.

About the Lightning Process Course

The Lightning Process is an empowering training programme which teaches you how you can influence your health and life using techniques based on the way the brain and body interact. It involves specific steps using movement, posture and coaching which can be tailored to the abilities of the individual if needed.

The course usually takes place in small groups and is carried out over 3 consecutive days. Each day is approximately 3-5 hours including breaks.

On completion of the course you will receive an attendance certificate.

Expectations:

What you can expect from me, your practitioner:

- I will work with you with care and integrity
- I will follow the approved ethical training structure
- I am completely committed to you and your success

In return, what I expect of you:

- That you are ready and committed to fully participate and engage in the training and be ready for interesting and fascinating approaches to change

2. Are you willing to attend and participate in the discussions, training and coaching sessions? Yes[] No[] Maybe[]

3. Personal History

How would you describe your illness/symptoms/issues? (Include medical name/diagnosis if relevant)

Diagnosing Consultant/Doctor: _____

Date of Diagnosis: _____

When did your symptoms/issues begin? _____

How did they start?

How has this affected your life?

4. Do you feel you can influence your own health? Yes[] No[] Maybe[]

5. Do you believe you can get better/resolve your issues? Yes[] No[] Maybe[]

It is important for me to know about your general state of health and health history both physically and mentally. To help me assess your suitability for the seminar please tell me if you have any medical or mental health issues that you have not yet mentioned on this form. If so, please list them below:

The reason I ask about your past medical history is not because I have medical training, but I do need to know if you may need help and support in addition to that of myself, your Lightning Process Practitioner.

Do you need wheelchair access to get to the venue? Yes[] No[]

6. Your Lightning Process Course

What do you hope to achieve from doing the course?

When you have discovered a way to get well and resolve your issues, what would you love to do with your life?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

7. Do you know of someone or have you spoken to someone who has used the Lightning Process to recover their health? **Yes** [] **No** []

8. Have you applied to take the training before? **Yes** [] **No** [] If 'No' go to question 9

If 'Yes' which practitioner did you apply to? _____

And when? _____

What has changed for you since applying to that practitioner?

I may need to speak to that practitioner about your application, please confirm that you give me permission to do this. **Yes** [] **No** []

9. I would like to be accompanied at the seminar **Yes** [] **No** [] **Maybe** []

As this is a personal journey, most people decide not to have someone with them when they attend the Lightning Process course. However, it is a decision for you to make as to whether you wish to bring a family member or friend with you. If you do choose this, we have found that the kinds of qualities ideal for someone who attends to support you in your learning are to be fully supportive, positive and inspiring.

As space can be limited on some courses, please discuss availability with your practitioner during your phone call, if you would like to be accompanied. This person will need to complete a separate Learning Facilitator form.

10. Confidentiality

The Lightning Process is a training programme, not a therapy, and there is no requirement for you to share personal information with other members of the group, but some people may choose to do so. Do you agree to maintain confidentiality with regard to personal information shared by others during the training? **Yes** [] **No** []

11. Payment Details

The training fees for taking the Lightning Process training with Kazy Vincent-Janes are as currently listed on my website www.kazyvincentjanes.co.uk. This includes details as listed on my website.

Payment is required by the following ways:- cheque or by bank transfer (details given once acceptance onto a course).

A 50% deposit is required to secure an agreed date, the remaining balance is due no later than the morning of the 1st day of the Lightning Process and is only payable once you have been accepted onto a course.

12. Training Agreement

You should only sign this application form if you agree to the terms and conditions on the following page and to the following statement:

"I understand that the Lightning Process is a training programme. Its' purpose is to train me in the tools of the Process, and I realise that simply attending will not guarantee me any results. I recognise the changes I want can best be obtained by

fully participating and engaging in the seminars and continuing to apply it after. I am ready and committed to do this.”

Signature: _____ Date: _____

The following 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: _____ Date: _____

Relationship to applicant: _____

Terms and Conditions

Conditions of Payment

Once paid you have seven days to cancel your booking and receive a full refund if training has not commenced. After this fees cannot be refunded in the event of a cancellation on your part, or a failure to complete the training. This is because I run small group trainings with 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. I reserve the right to terminate your training if we feel your continued participation would be unhealthy or unhelpful for you or another member of the training group. Your fees will not be refunded in these circumstances.

Cancellation of Seminars

On occasion unforeseen circumstances may make it necessary for me 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 I 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 the intellectual property of Phil Parker and are not to be reproduced, sold or distributed in anyway.

Copyright Notice

The purpose of the Process is to apply it to resolve your personal issue/s. Participation in the Process does not amount in any way to permission to reproduce or train others in any of the techniques or materials (including graphical images, text, audio or visual presentation) that are demonstrated or provided.

Data Protection Policy

The Register of Lightning Process Practitioners is registered with The Information Commissioners Office and all information is held in accordance with the Data Protection Act 1998.

You can decide to have your attendance certificate logged, together with your name, certificate number and e-mail address with the Lightning Process Head Office. This will:

- Ensure that it can be replaced in case of loss
- Help us with our research and statistics
- Help us to check that you have received the high standard of care we expect from members of our register

If you would like this option please check this box. []

In addition to the logging of your details for the purposes outlined above, we would also like to occasionally inform you of relevant developments in the Lightning Process® and its associated programmes. This is an optional service. Your details will never be passed on to anyone else for any reason.

Please check this box if you wish to receive occasional and relevant correspondence from us about this. []

In order to conduct further research into the Lightning Process we would like to contact you at regular intervals to monitor your progress. We will not use any details by which you may be identified in any statistics that we produce. Please check the box if you agree to this. []

**Please send this completed form to: Kazy Vincent-Janes
Betchworth House Clinic
Main Street
Chideock
W.Dorset DT6 6JW**

Thank you for filling in this form, I'll be ringing you shortly to discuss your training with you! I will confirm I have received your application by email.