

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Have you listened to the Part 1 of the Lightning Process audio programme or read the Introduction book? **Yes** [  ] **No** [  ]

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

### Personal History:

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

When did your symptoms/issues begin? \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_

How did they start?

How has this affected your life?

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

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

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:

What do you hope to achieve from doing the course?

What would you love to do with your life?

Have you applied to take the training before? **Yes** [  ] **No** [  ]

Would you like to be accompanied at the seminar? **Yes** [  ] **No** [  ] **Maybe** [  ]

*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.*

Do you agree to maintain confidentiality with regard to personal information shared by others during the training? **Yes** [  ] **No** [  ]

#### **Payment Details:**

The training fees for taking the Lightning Process training with Kazy Vincent-Janes are as listed on the website or as agreed on an individual basis with the practitioner. This includes support package as listed on the website. Payment is required by your online/telephone bank transfer, or cash payment type and is only payable once you have been accepted onto a course.

#### **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: \_\_\_\_\_

**Emergency Contact:**

So that we can contact someone close to you in the case of an emergency please provide:

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

**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/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 Head Office for the Register of Lightning Process Practitioners is registered with the information Commissioners Office (ICO) and all information is held in accordance with the General Data Protection Regulations 2016/679 (GDPR) and Data Protection Act 1998. Please refer to the Lightning Process Head Office Privacy Policy here: <https://lightningprocess.com/privacy-policy>

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<sup>®</sup> 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  
Unlimited  
Betchworth House  
Main St  
Chidoeck  
Near Bridport  
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.**