

Application for Lightning Process Training

Personal details

Name

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

Address:

House no./name

Street

.....

Town.....

County

Post code.....

Tel home

Tel work.....

Email

Male or female

Date of birth.....

Occupation

How would describe your problems/issues/illness: (include medical name/
diagnosis if relevant)

.....

.....

When did your issues begin?

How did they start?

.....

What effects has this had/how has this limited your life?.....

.....

I know someone who's used the Lightning Process to recover their health: yes/no

Their name if known.....

The Future

When you have discovered a way to get well/ resolve your issues what will you put
your energies into/what would you love to do with your life?

1

2

3

4

5

6

7

8

Your role in the training

Please read these statements, and if you agree with them please enter Yes or no.

I understand that the Lightning Process™ is a training program therefore -
I understand that learning the Lightning Process™ does not guarantee me any results.

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

I recognise that the mind and body can powerfully influence each other.

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

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.

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.

Signature

Date.....

This must be completed if you are less than 18 years.

If you are under 18 years 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

(as this is an on line form please print your name if you would like it to represent your signature in this document)

Relationship to applicant

Date

Payment details

Fees for Lightning Process seminar with Sherree Ginger are £660.

Your cheque will not be deposited until you are accepted onto the course.
Payment is by cheque (made payable to Sherree Ginger) or cash only.

Please forward this application with your cheque made payable to:-
Sherree Ginger

“Springacres”
Kennel Lane
West Grinstead
West Sussex
RH13 8LX

01403 865338 07973 724553
Email - gingers@springacres.fsnet.co.uk

Terms and conditions: Please retain

Conditions of payment

Once paid fees can not be refunded in the event of a cancellation on your part within 14 days of your booked date, or your failure to complete the training. This is because I run small group/individual 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 I am able to fill your space your fees will be refunded.

Cancellation of seminars

On occasion unforeseen circumstances may make it necessary for me to cancel a seminar and accordingly I 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.

Certificate of attendance.

From August 2008 onwards, on completion of the course you will receive an attendance certificate. We foresee that, over time, taking a Phil Parker Lightning Process™ training seminar will be considered a valuable component of an individual's life and work skills.

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 1988.

You can decide to have your attendance certificate logged, together with your name, certificate number and e-mail address with 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 programs. 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.

Sherree Ginger

**"Springacres" Kennel Lane,
West Grinstead, West Sussex, RH13 8LX**

01403 865338 mobile 07973 724553

Email - gingers@springacres.fsnet.co.uk

www.sherreeginger.co.uk