**Application Form for The Phil Parker Lightning Process® Training with Amanda Ashley**

Name:

Street address:

City, State and Zipcode:       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 Amanda Ashley. If you have any questions, please contact me at: (503) 887-0997 where I will be happy to talk them through with you.

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 program is right for you at this time and provide you with any pre-course coaching required to help you prepare yourself for the training.

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

**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:

*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 additional help and support.*

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? Please think carefully about your answers, and write a SHORT PARAGRAPH about each of your goals. Think about each one as a movie you are describing as it’s happening. Use only POSITIVE LANGUAGE, and include as much detail and description as possible about both what you are *doing* and how it *feel*s to be living your life this way. This section is very important! The more you envision the future you want with inspiring and positive language, the more you are already beginning to change your brain.

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**

Name:

**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 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 program, 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 online Lightning Processtraining with Amanda Ashley are:

* $1,950 for a group seminar
* $3,200 for a private training

Fees include: pre-training preparation as needed, three-day seminar, four hours of follow-up coaching, and a graduate audio download by Phil Parker.

Payment is required two weeks prior to the start of the seminar, 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 program. Its purpose is to train me in the tools of the Process, and I realize that simply attending the seminar will not guarantee me any results. I recognize that the changes I want can best be obtained by fully participating and engaging in the seminars and continuing to apply the Process afterwards. I am ready and committed to do this.”

*If sending the form via email, then please print your name if you would like it to represent your signature in this document.*

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**

Payments made two weeks or more in advance of the seminar will be refunded within seven days if you cancel your booking. 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 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.

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: Amanda Ashley at** [**aba@amanda-ashley.com**](mailto:aba@amanda-ashley.com)

**Or by mail to: 4911 SW Patton Road**

**Portland OR 97221**

**Thank you for completing your application. I’ll be calling you shortly to discuss your training with you!**