

Application Form for The Phil Parker Lightning Process® Training with Clare Hudman

Name:	
Address:	
Postcode:	Country:
Tel Home:	Mobile:
Email Address:	
Male/Female:	Date of Birth:
Occupation/Previous Occu	pation:
How did you hear about the	Lightning Process?
How did you hear about yo	ur practitioner?
ClareHudman. If you hav	o apply to take the Phil Parker Lightning Process with e any questions, please contact me at: 01453 750382 or to talk them through with you.
myself, to ask you some Process and to answer an we will assess whether the	on to the course I will contact you by phone to introduce questions about your understanding of the Lightning y questions you may have. Through discussion with you, his training programme is right for you at this time and course coaching required to help you prepare yourself for
1. Have you read the boyou? Yes No	ook/listened to the audio book/had the book read to
2. Are you willing to att coaching sessions? Yes	end and participate in the discussions, training and ☐ No☐ Maybe☐
3. Personal History How would you descr name/diagnosis if relevant)	
Diagnosing Consultant/Doo	ctor:
Date of Diagnosis:	
When did your symptoms/i	ssues begin?
How did they start?	
How has this affected your	life?
4. Do you feel you can in	fluence your own health? Yes No Maybe
5. Do you believe you car	n 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 help and support in addition to that of myself, your Lightning Process Practitioner.

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 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 course fee for taking the Lightning Process training with Clare Hudman is £695 for training in a small group or £1350 for individual 1:1 training. This includes precourse assessment, up to 12 hours training, course materials, post-course support download and up to 3 hours coaching within the first year after the course. Payment is required by BACS or cheque payable to Clare Hudman and is only payable once you have been accepted onto a course. Don't send a cheque with this form.

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 the training 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

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

from us about this.

box if you agree to this.

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

lf y	you	would	like	this c	ption	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

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

Please send this completed form to: getbetter@therightplace.net Clare Hudman, 10 Springhill Stroud Glos., GL5 1TN

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.