

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 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 Clare Hudman. If you have any questions, please contact me at: 01453 750382 getbetter@therightplace.net 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 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.

1. Have listened to the Part 1 of the Lightning Process audio programme or read the Introduction book? 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 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 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 Clare Hudman are £695 for training in a group typically no more than 5 people or £1350 for a one to one training course. This includes a pre-course coaching phone call to check that we both agree that this is the best way forward for you, seminars over 3 half-days

(approximately twelve hours in total), course materials, a post-course support audio by Phil Parker and up to 3 hours post-course coaching 1:1. Payment is required by bank transfer or cheque 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 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® 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: getbetter@therightplace.net

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.