

Application Form

Course Leader: Patricia J. Crane, Ph.D.

Course Organiser: Eileen Clair

I am registering for Teacher Training: 14th to 21st June 2006

NAME: _____
Print your name, as you would like it to appear on your Certificate.

ADDRESS: _____

POSTCODE _____

TELEPHONE: **Day** _____

Evening _____

EMAIL: _____

I enclose a non-returnable deposit of €400. Please tick to indicate your method of payment.

Cheques or International Money Orders to be made payable to: Holistic Therapy Centre Ltd.

Please charge to my: ___ Visa ___ MasterCard

Account Number:
Expiry Date:
Cardholder Name:
Cardholder Signature:

Healing Lives, Achieving Dreams

Teacher Training Course based on the work of Louise Hay

Woodstock Hotel, Ennis, I Co Clare Ireland

Cancellations: Please submit any cancellation requests in writing. If you cancel five weeks before the course begins, all but 400 Euro will be refunded. No refunds are possible after that unless someone is available to take your place in the training.

Please send your Deposit payment of 400 Euro along with this Application Form to:

Holistic Therapy Centre Ltd. Kilrush Co. Clare Ireland

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Please be authentic and honest, yet succinct as you complete this form!

1. Briefly describe your experience with the work of Louise Hay and other teachers. How has it helped you personally?

2. Briefly describe your experience. Are you certified or licensed in any holistic disciplines

(i.e. Hypnotherapy, Aromatherapy, Reiki)?

3. Why do you want to take the Teacher Training Course?

4. Self-assessment: What are your strengths (e.g. intuitive, compassionate, creative, experience in leading groups)?

How would you like to grow?

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5. List 8 adjectives that describe your childhood.

6. Briefly describe any challenge in your life right now (e.g., health, career, relationship).

How are you working with it?

7. Are you currently in therapy or have you been in therapy during the last 5 years? if yes, please explain.

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For Facility Planning:

Name: _____

a. Female Male (circle whichever applies)

b. Do you have any special dietary needs? if yes, specify.

c. Do you have any special needs for a physical challenge? if yes, specify.

Thank you! This application form is meant to give Patricia some more background on each participant. **PLEASE ALSO ATTACH A RECENT PHOTOGRAPH OF YOURSELF** to this application. All information given is strictly confidential. If you have any questions about completing this form, please contact Eileen Clair at 00353(0)659052239 or e-mail: enquiries@eileenclair.com

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We look forward to a WONDERFUL training programme together!

Please complete the following:

How did you hear about this training programme?

Advertisement, if yes, which publication:	web site:
Recommendation:	Other:

Please return your completed application form to:

Holistic Therapy Centre Ltd., Kilrush, Co. Clare, Ireland