

**Heal Your Life® United States Workshop Leader Training:
April 20-27, 2019: Tampa, Florida
October 26 - November 2, 2019: San Diego California**

APPLICATION AND REGISTRATION FORM

Course Leader: Sandra J Filer

Name:

Name for your name tag during training: Name as you'd like it to appear on your certificate, upon completion:

Training location of choice: Tampa or San Diego _____

Address:

City:

State:

Zip or postal code:

Country (if other than US):

Telephone (day) Telephone (eve) and e-mail address:

After the training, a private Facebook group is created for some of the follow-up. If you are currently on Facebook, we'd love to be friends! What is your Facebook name so that we may send you a friend request?

Emergency Contact:

Name:Phone:

Email:How did you hear about us? (web

search, I Can Do It conference, Hay House website, local magazine, etc. Share here:_____

Please email this application back to thehappygoddess@gmail.com. Thank you!

Here is a link for the deposit, (if not already made):

<http://tinyurl.com/HYLTeacherTraining>

If you are using snail mail, please send payment Priority Mail along with this

Registration Form and your Application to:

HEAL YOUR LIFE Workshop Leader Certification

c/o Sandra J Filer, DBA The Happy Goddess

309 27th Street W, Bradenton, FL 34205

Make checks payable to: Sandra J Filer

Phone: (713) 201-2020 Email: thehappygoddess@gmail.com

We'd like to learn more about you and therefore, have the following questions for you to answer. Please know that all of the information you provide is **strictly confidential**. You are encouraged to be authentic and honest; yet, concise as you complete this form!

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

2. What type of healing work have you done previously (i.e., inner child work)?

3. Are you certified (or licensed) in any type of individual work (i.e., hypnotherapy, aromatherapy, or Reiki)? While this is not a requirement, having an established practice can be beneficial in marketing the Heal Your Life workshops.

4. Self-assessment: What are your strengths (i.e., intuitive, compassionate, creative, experienced leading groups)? How would you like to grow?

5. List eight adjectives that describe your childhood:

6. Briefly describe any challenge in your life right now (i.e., 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.

8. Are you on any medications? If yes, please list.

9. What experience have you had leading groups? (While not required, it is helpful).

For Facility Planning ~

NOTE: The course fee includes a shared (double occupancy) suite with another course participant. If you register late and we have an uneven number of participants, we are unable to guarantee a roommate, so in that instance you would pay an extra supplement.

If you wish to reserve a single room, it is \$575.00 extra.

If you know that you snore, are sensitive to sharing space, or get easily triggered, we suggest that you just go ahead and get yourself a single room! It is a week filled with a lot of processing. Do what works best for you!

Check here if you want a single ___ Yes, I want a single room.

a. Female _____ Male _____

b. Do you have any necessary **dietary needs? Especially, allergies, etc.

c. Do you have any special needs for a physical challenge? If yes, please explain.

d. Do you smoke? (The hotel inside is non-smoking.)

Thank you!

This application form is meant to give Sandra some background on each participant. **Please email a recent photo of yourself.** If you have any questions about completing this form, please contact Sandra at (713) 201-2020. We look forward to a wonderful program together!

CANCELLATION POLICY: **Any cancellation request must be in writing.** If you cancel more than six weeks before the training begins, all but \$500 will be refunded. If you cancel between weeks three and six, your deposit is *not* refundable. No refunds are possible after that unless someone is available to take your place in the program. If someone is available, all will be refunded except for the deposit.

** We will do our very best to accommodate special dietary requests. If it is an allergy, we will ensure food is labeled. If it is a preference versus an allergy, please plan accordingly to supplement as necessary. Our meals are selected in consideration of all the participants and staff. It is our goal to serve healthy and nourishing food.