



www.Energies4Life.com

## THE LIGHTNING PROCESS SEMINAR APPLICATION FORM AND NOTES

Name:

Name you wish to be called if different:

Address (incl Postcode):

Telephone Daytime:

Evening:

Email address:

### **Am I ready for the Lightning Process Training?**

The Lightning Process is a training program, not a treatment or a therapy. Our experience is that if people apply the lessons of the Lightning Process to their lives they can start to change old patterns of thinking which in turn influence their life and happiness.

We take full responsibility for teaching and coaching to the best of our ability but then you will have to apply the techniques for yourself to get results. If you don't apply it persistently and consistently, then you may see very little benefit.

We recommend that you think long and hard before taking this training; does it sound like something that appeals to you, and makes sense to you, something that you can commit yourself to? If you feel doubtful, cynical or just want to give it a go to see what happens, then now is probably not the right time for you, so please be honest with yourself and this form or you will probably be wasting your time and money.

If you wish to do further research before going ahead with the Lightning Process training, we recommend that you read Phil Parker's book "An Introduction to the Lightning Process", which is available from the online store on the Lightning Process web site [www.lightningprocess.com](http://www.lightningprocess.com)

### **What we expect from you:**

That you are ready and committed to do the work required to get well.

### **What you can expect from us:**

- \* We are completely committed to your success.
- \* We won't accept anything that prevents you getting the success that you deserve.
- \* We will give you honest feedback, so do not mistake this for criticism or not caring, as feedback is an essential part of achieving success.

## 1) About You

Sex:

Date of Birth:

Current or previous occupation:

What you hope to get from doing the course:

How would you describe your problems / issues / illness (include medical name/diagnosis if relevant):

When did your issues begin?

How did they start?

What effects has this had / how has this limited your life?

I know someone personally who has used the Lightning Process:

If "yes", please provide their name:

Do you need wheelchair access to get to the venue?

Can you use lifts / elevators?

How did you hear about the Lightning Process?

How did you hear about Energies4life?

## 2) Your future

When you have discovered a way to get well / resolved your issues, what will you put your energies into? What would you love to do with your life?

a)

b)

c)

d)

e)

f)

g)

h)

i)

j)

### 3) Are you ready to be well?

Please score each of the following out of 10, where 10 means, "I totally agree with this statement", and 0 means "I don't".

#### Statement One

I can recover using the Lightning Process

#### Statement Two

I want to resolve all my issues

#### Statement Three

It is possible for me to resolve all my issues

#### Statement Four

I am capable of learning how to resolve all my issues

#### Statement Five

It is appropriate for me to resolve my issues and I am prepared to do what it takes to make those changes

#### Statement Six

I am willing to change negative lifestyle patterns, thought processes and limiting beliefs

#### Statement Seven

I have the responsibility for resolving these issues and the power to do that

#### Statement Eight

I deserve to and am valuable enough to resolve my issues

#### Statement Nine

In terms of my issues and my ability to follow instructions, I am similar enough to all those others who have used the process to recover that I am bound to make the same kind of changes as them

I am determined to be the next success story

#### 4) The X Factor

To get the most benefit from the training, what do you need to do, or be?

- a)
- b)
- c)

Are you analytical? We know it is valid in some situations to analyse and question, but what we have found during the Lightning Process training, is that those who spend time analysing what they are learning INSTEAD of applying the Process, hinder their own progress. You need to have done your research and questioning before the training so that you can get the most from it. If you need to know more about this please tick here so that we can discuss it further.

#### 5) Please select one answer from the options for each question.

a) If others can get well using the process, then so can I. Do you agree?

b) My type of illness/issues (that I want to use the Lightning Process on) are generally easily recoverable from by using the process.

c) My issues are different from other people's ones.

#### 6) Previous and multiple applications

Have you applied to take the training before?

If "yes", which trainer did you apply to?

And when?

What has changed for you since applying to that trainer?

To process your application we will need to speak to that trainer about your case, please only send in this application form if you agree to this.

#### 7) Other medical issues

It is important for us to know about your general state of wellness, both physically and mentally. To help us to assess your suitability for the seminar, please answer the following additional question. Do you have any other health issues?

If "yes" please specify.

## Karnofsky Scale adapted for use in ME / CFS

If relevant to your issues, please rate what has generally been most true for you in the last week or so ...

100% Totally well; no concerns about fatigue. You can think clearly and do several things at once. You can exercise to your maximum potential without any problems.

90% Energy good but you feel fatigued after hard exercise.

80% You feel well with respect to your energy, but must monitor your energy through the day. Your thinking is good but not quite clear. Tasks are easy and you can still do multiple tasks at once. You are fatigued after moderate exercise. Full time work is possible for most.

70% Your overall energy is OK, but everything you do is much more difficult and your energy is easily shifted. Your thought processes are much slower and more difficult and memory is poor. Exercise tolerance is poor and any strenuous exercise will make you feel unwell, while light activity is tolerable. You can achieve a full day (8 hours) of tasks, but it requires a high degree of effort. You are too tired to do anything additional, such as socialising. Full time work is possible only if you do not have to do any household tasks, errands or childcare. Part time work is possible for most.

60% You are able to complete ½ day of tasks and feel tired during it. Your thinking and memory are poor. You must rest at some point in the day. Even with rest, there is no part of the day in which you feel normal with respect to energy or can think clearly. Part time work is possible only if hours are flexible to coincide with your energy peaks and you do not have to do any household tasks, errands or childcare.

50% Your energy only allows you to do about 3 tasks per day (2 to 3 hours of activity). Your energy is easily drained. Thought processes are difficult. Your exercise tolerance is poor; walking upstairs is difficult.

40% You can only perform 2 light tasks per day. Physical exercise is not tolerable. Your thought processes are very slow and your memory is poor.

30% You can only perform one light task per day, any extra physical movement makes you feel unwell. You have difficulty reading and writing.

20% You are unable to perform any daily tasks; even going to the bathroom is tiring. The most physical exertion that you can manage is to sit in a chair for short periods. Emotions are very unstable and fluctuate without warning.

10% You are in bed for most of the day and you have zero tolerance for anything extra. You are frequently too exhausted to even eat.

## 8) Training Agreement

Our experience suggests you should only take the training if you agree to the following statements.

If you are certain that you agree with the statements please check the AGREE boxes. Please be aware that we will not accept you onto the training program unless all the statements are agreed to.

I understand that the Lightning Process is a training program and not a therapy or treatment. AGREE

I understand that learning the Lightning Process therefore does not guarantee me any results. AGREE

I accept full responsibility for the effects of applying or not applying this training program to my life. AGREE

I recognise that the mind and body can powerfully influence each other. AGREE

I am prepared to look at and challenge my beliefs about my condition / illness, my health and myself. AGREE

I am prepared to do the sometimes challenging work of starting to think very differently that's required to get myself back on track. AGREE

I will deeply and honestly examine my beliefs. AGREE

I will be available for coaching at all times. AGREE

I will change anything that my trainer identifies as destructive. AGREE

I will be open to the feedback of my trainer and my fellow trainees. AGREE

I recognise that I have blindspots that I don't even know I have. AGREE

### Payment details

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### Conditions of payment

Once fees are paid, these cannot be refunded in the event of a cancellation on your part, or a failure to complete the training. This is because we run small group trainings with limited spaces; if you take up a space and then 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 in full. We 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 us to cancel a seminar and accordingly Michelle Clemons reserves the right to cancel seminars where appropriate. In such circumstances you will be given as much notice as possible and Michelle Clemons will either refund the full seminar fee or, if you request, move the training to an alternative date. Liability for any losses incurred other than the seminar costs will not be accepted.

### Ownership

All documents you receive as part of your training constitute an intellectual property and are not to be reproduced, sold or distributed in anyway.

### Certificate of attendance

From August 2008 onwards, upon completion of the course you will receive an attendance certificate from your trainer. We foresee that, over time, taking a Lightning Process training seminar will be considered a valuable component of an individual's life and work skills and the certificate will act as a reference to be presented to future employers as evidence of your LP training attendance.

To ensure this valuable certificate is accurate your trainer will log your name, certificate number and email address with the Lightning Process register (please see our Data Protection policy for details).

## Data Protection policy

The Register of the Lightning Process practitioners is registered with The Information Commissioners Office and all information is held in accordance with the Data Protection Act 1988. We will only use your details for our accounting and statistical purposes, to occasionally inform you of relevant developments in the Lightning Process and its associated programs or to ask you to complete questionnaires to ensure that you have received the high standard of care we expect from members of our register. Agreement to the processing of data is a condition of acceptance onto the training course and by applying for the training course you signify your agreement to this processing and use of your personal data.

## Declaration

If you agree to all of the above conditions in this document, please fill in and sign the following declaration:

I, \_\_\_\_\_ (full name)

\* understand and agree that once I pay my fees they cannot be refunded;

\* understand the statements I have agreed to;

\* agree to adhere to the above conditions.

Signature:

(for the online form please print your name if you would like it to represent your signature in this document)

Date:

## **This section must be completed if you are under 18 years old**

If you are under 18 years old 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 below:

Name:

Signature:

Relationship to applicant:

Date:

Thanks for helping us speed up your application by filling this out. It may take time, but the information helps us ensure you get the most out of the Lightning Process Training.

By clicking on the button below, you agree to send this form by email as an attachment to the email address provided below.

Please click on this button  to send this form by email as an attachment to the email address provided below.