**Application Form**

**Academy of Source Energy Healing® and Wisdom®**

**Module TwoPractitioner Training Course**

(You need to complete Module **One** before attending this course)

Name

Address

Post Code

Date of Birth

Email

Telephone

Mobile

Skype

Website/s

Practitioner Training Dates you are interested in

Healing/Complementary Therapy Qualifications

Other Qualifications

Have you experienced Source Energy Healing**®**, if so when?

What was your experience of Source Energy Healing**®**?

How do you intend using Source Energy Healing**®** ?

Do you have an existing client base ?

Any other relevant information

Do you, or have you ever, suffered from any physical or emotional conditions ?

Do you, or have you ever, suffered from any mental conditions ?

I wish to learn Source Energy Healing at a Practitioner Level (Hands-on and Distant) so that I can use it with my clients with unconditional love and pure intention. I take full responsibility for myself and my learning. The information I have provided on this application form is true and accurate. I agree to use Source Energy Healing**®** in an ethical way as a complete treatment and to follow the Codes of Practice of the Academy.

Signed Date

By completing and signing this form you are indicating your consent to the use of this information for the purpose of learning to be a Source Energy Healing® Practitioner with the Academy of Source Energy Healing® and Wisdom®. This consent may be withdrawn at any time by contacting Jillian Stott on 07989 676 648.