

# Application: SHEN® Therapy Personal Empowerment Workshop

Sedona, Arizona | April 11–17, 2021

- This Workshop takes place Sunday, April 11, 2021 thru Saturday, April 17, 2021, in Sedona Arizona. All class materials will be supplied. Call for low-cost lodging options.
- Workshop Fee for First Time Attendees: \$995 if payment is received in full on or before March 22, 2021. After that date, \$1250. A non-refundable registration deposit of \$100 will hold your space. This fee may be applied to a subsequent workshop in case of illness or event cancellation.
- Workshop Fee for Repeating Attendees: \$850. After March, 22, 2021, \$950. A non-refundable registration deposit of \$100 will hold your space. This fee may be applied to a subsequent workshop in case of illness or event cancellation.
- **Please Note:** All participants must receive at least two SHEN sessions from an active Certified SHEN Therapist or Supervised SHEN Intern prior to attending this workshop. To deepen the quality of your SHEN Therapy Personal Empowerment Workshop experience, more than two pre-Workshop SHEN sessions is recommended.
- **To Apply:** 1) Fill out all three pages of this Application. 2) Prepare a PDF/Scanned copy or photocopy of your completed Application, being sure to include any additional pages used for longer answers. Keep a copy for your own records. 3) Either E-mail a PDF copy of your completed SHEN Workshop Application to the Registrar (preferred), or mail a photo-copy of your completed SHEN Workshop Application to the Registrar.
- **Payments:** Please process all SHEN Workshop Fee payments via our secure website at:  
<https://shentherapynow.com/payments/>

In lieu of secure online payment:

Mail a check, cashiers check or money order made payable to 'SHEN Wellness Center' to the Registrar.

Registrar:

**Ayleyaell Kinder, CST**  
10883 SE 10th Street, Apt D-29  
Vancouver, WA 98664  
SHENworks@gmaii.com  
(503) 912-9330

Instructor:

**Russell Fox, CST, CSI**  
The SHEN Wellness Center of Sedona  
560 Concho Drive, Sedona, AZ 86351  
SHENTherapyNow@gmail.com  
(520) 666-5251

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip code \_\_\_\_\_

Cell Phone [+ Text? Y / N ]: \_\_\_\_\_ Home / Other: \_\_\_\_\_

Person to call in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

What was the date of your last SHEN session? \_\_\_/\_\_\_/\_\_\_ Name of your SHEN Provider: \_\_\_\_\_

**The following questions** will help your SHEN Workshop Instructor and Registrar to further enrich your Workshop experience. For longer answers please use extra paper, as needed. Your answers will be held in full confidence and will not be shared without your express written permission. Thank you.

1. My occupation is: \_\_\_\_\_
2. I have trained in the following therapies: \_\_\_\_\_
3. I use the following personal growth practices: \_\_\_\_\_
4. I believe SHEN may help me with: \_\_\_\_\_  
\_\_\_\_\_
5. I am currently in therapy or counseling working on: the above issues  the following issues  N/A   
\_\_\_\_\_
6. I currently use the following prescriptions and/or herbals for emotional, psychological, mental or physical assistance:  
\_\_\_\_\_
7. Have you ever been: violent  abusive  suicidal  had psychotic episodes  suffered head trauma / brain damage   
None of the above.  Yes, I am currently working with this/these issue(s).  Yes, but not anymore.
8. I have been addicted to: \_\_\_\_\_  
I am currently working with this.  I am no longer addicted.  I have never had addictions.
9. I am currently seeing a psychiatrist.  I am no longer seeing a psychiatrist.  I have never seen a psychiatrist.   
I was/am under psychiatric care for: \_\_\_\_\_
10. I have circled the following conditions that may limit my participation: Dyslexia Physical Challenges  
Environmental Sensitivities Other Describe: \_\_\_\_\_
11. Please list any accidents, injuries, operations, significant illnesses, or traumas you have had and your age when they occurred (approximate if you need to). Include any child birthing difficulties.  
a. \_\_\_\_\_ d. \_\_\_\_\_  
b. \_\_\_\_\_ e. \_\_\_\_\_  
c. \_\_\_\_\_ f. \_\_\_\_\_
12. What was your relationship with your mother, with your father and with any siblings while you were growing up?  
*[Feel free to use additional paper for your answers.]*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. I understand that some of my emotional material may surface during this Workshop. I accept that SHEN does not create new emotions and that any and all emotions I may experience are my own current or previously buried emotions rising to the surface. I hold myself responsible for any and all emotions that I may experience during the course of, or as a result of my Workshop SHEN sessions and for any actions I may take that may be influenced by those emotions. I specifically hold the SHEN Therapy Institute, its instructors and its representatives blameless for any actions I may take and/or behaviors that I may exhibit as a result of my emotions.
14. I understand that **SHEN**® is a Registered Service Mark and agree to use it only when authorized by the SHEN Therapy Institute.
15. I understand that the training I receive in this Workshop does not include training to work with others having emotional difficulties and I agree not to use SHEN for that purpose.

I affirm I have read and understand the above and that the information I have given is true to the best of my recollection and ability.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please use this space for any longer answers or additional information you feel is significant. Thank you.*

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