

Application: SHEN® Therapy Training & Empowerment Workshop

Sedona, Arizona | October 31 –November 6, 2021

- This Workshop takes place Sunday, October 31, 2021 thru Saturday, November 6, 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 October 11, 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 October 11, 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 Instructor.

Registrar:

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

Instructor:

Russell Fox, CST, CSI
The SHEN Wellness Center of Sedona
560 Concho Drive, Sedona, AZ 86351
SHENTherapyNow@gmail.com
(928) 554-5431

Name: _____ Email: _____ Age: ____ D.O.B. ___/___/___

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 (actual or approximate) when they occurred. Include any child birth difficulties, your's or your children's.
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.]

