

## Application: SHEN® Therapy Personal Empowerment Workshop

### Portland, Oregon USA | May 1–8, 2022

- **This residential SHEN Workshop** takes place **Sunday, May 1, 2022 to Sunday, May 8, 2022**, at **Collins Retreat Center**, in Eagle Creek, Oregon, 45 minutes east of Portland, Oregon. Your Instructor will be **Russell Fox**, CSI/CST from Sedona, Arizona. For this 7-day residential workshop all lodging, all meals, tuition and all class materials are included in the fees outlined below. Early bird special pricing is available if paid in full by April 10, 2022.
  - **Workshop Fee for First Time Attendees - Single Occupancy**: \$2,136 if payment is received in full on or before April 10th, 2021. After that date, \$2,291.
  - **Workshop Fee for First Time Attendees - Double Occupancy**: \$1,897 if payment is received in full on or before April 10th, 2021. After that date, \$2,052.
  - **Workshop Fee for Repeating Attendees - Single Occupancy**: \$1,991. After April 10th, \$2,091.
  - **Workshop Fee for Repeating Attendees - Double Occupancy**: \$1,752. After April 10th, \$1,852.
- ***Please Note/Prerequisite***: All participants must receive at least two SHEN sessions from a Certified SHEN Therapist or Supervised SHEN Intern prior to attending this workshop.
- **To Apply**: **1) Fill out all three pages of this Application.** **2) Prepare a PDF/Scanned copy or photocopy** of your completed Application, including 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 PayPal at:  
<https://shentherapynow.com/payment-portal/>

In lieu of secure online payment:

Mail a check, cashiers check or money order made payable to 'SHEN Wellness Center' to:  
**Registrar: Ayleyaell Kinder, CST, 10883 SE 10th Street, Apt D-29, Vancouver, WA 98664**  
*SHENworks@gmaii.com / (503) 912-9330*

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

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

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

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

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 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 birthing or infancy 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?  
Of your two parents, which was the more dominant? *[Feel free to use additional paper for your answers.]*  
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