Application: SHEN_® Therapy Personal Empowerment Workshop Vancouver, WA (Portland, OR) | September 24–30, 2023

• <u>This Workshop</u> takes place Sunday, September 24, 2023 thru Saturday, September 30, 2023, in Vancouver, Washington, a suburb of Portland, Oregon. All class materials will be supplied. Call for lodging suggestions. This 'SHEN Therapy Personal Empowerment Workshop' is authorized by the SHEN Therapy Institute.

• <u>Workshop Fee for First Time Attendees</u>: \$1250 - We will accept payments toward tuition, but your space is secured *only* when payment is received in full. Once paid in full, in case of cancellation or illness, payment is refundable minus a \$150 processing fee.

• A deposit or partial payments will put you on the 'Waiting List' until your tuition is paid in full. First come, first served. If all spaces are filled, your deposit will be returned or it can be applied to the next training.

• *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 <u>E-mail a PDF copy</u> of your completed SHEN Workshop Application to the Registrar (preferred), or <u>mail a photo-copy</u> of your completed SHEN Workshop Application to the Registrar.

•	Payments: Please process all SHEN Workshop Fee payments via our secure PayPal payment portal at:
	https://paypal.me/shenfox ('SHEN Wellness Center Sedona, RLFSedona, LLC')

<u>Alternative Payment</u>: Mail a check, cashiers check or money order to the Registrar made payable to: 'Russell Fox/SHEN Wellness Center'

<u>Registrar</u> :		<u>Instructor</u> :			
Ayleyaell Kinder, CST 10883 SE 10th Street, Apt D-29 Vancouver, WA 98664 SHENworks@gmail.com (503) 912-9330	Russell Fox, CST, CSI The SHEN Wellness Center of Sedona 5 Rimrock Ride, Sedona, AZ 86351 SHENTherapyNow@gmail.com (928) 821-5721				
Name:	Email:		Date of Birth//		
Street Address					
City	State	Country	Zip code		
Cell Phone [+ <i>Text?</i> 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.	2. I have trained in the following therapies:				
3.	8. 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 D the following issues D N/A D				
6.	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 SHEN Workshop 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 agree to be fully responsible for any damage I may cause to the host venue.
- 15. I understand that **SHEN**[®] is a Registered Service Mark and agree to use it only when authorized by the SHEN Therapy Institute.
- 16. I understand that the training I receive in this **SHEN Therapy Personal Empowerment Workshop** does not qualify me be a SHEN practitioner, nor to work with persons having emotional difficulties; therefore, I agree not to use SHEN for those purposes until or unless I am certified to do so. I also understand that this Workshop is a required course towards acceptance into the **SHEN Therapy Internship Program** to become certified as a SHEN Therapist.

I affirm that I have read and do 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.

Please use additional pages if more space is required for your answers. Thank you.