

Application: SHEN® Therapy Personal Empowerment Workshop

Vancouver, WA (Portland, OR) | September 24–30, 2023

- This Workshop 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**.
- Workshop Fee for First Time Attendees: \$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 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 **PayPal** payment portal at:
<https://paypal.me/shenfox> ('SHEN Wellness Center | Sedona, RLF Sedona, LLC')

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

Registrar:

Ayleyaell 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
 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 [+ 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.]

