

## Application: SHEN® Therapy Personal Empowerment Workshop

### Sedona, Arizona | September 22–28, 2024

• This Workshop takes place Sunday, September 22, 2024 thru Saturday, September 28, 2024, in Sedona, Arizona.. All class materials will be supplied. Call the Workshop Registrar 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 workshop/training.

• **Please Note**: All participants must receive at least one SHEN session 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 one pre-workshop SHEN session 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, or cashiers check to the Registrar made payable to:  
 'Russell Fox/SHEN Wellness Center'

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  
 130 Rainbow Ln, 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.]*  
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