Application: SHEN® Therapy Personal Empowerment Workshop

Asheville, North Carolina | January 10–16, 2027

• **<u>This Workshop</u>** takes place Sunday, January 10, 2027 thru Saturday, January 16, 2027 in Asheville, North Carolina. 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>**: $1450 - Tuition is due one week prior to the Workshop, Jan. 3, 2027. Payments toward tuition will be accepted, 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 <u>E-mail a PDF copy</u> (preferred) of your completed SHEN Workshop Application to the Registrar, 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:
<u>https://paypal.me/shenfox</u> (*'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>:
Ayleyaell Kinder, CST
10883 SE 10th Street, Apt D-29
Vancouver, WA 98664
SHENworks@gmail.com
(503) 912-9330

<u>Instructor</u>:
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.]*

    _____

    _____

    _____

    _____

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 as 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 for acceptance into the **SHEN Therapy Internship Program** leading to becoming fully certified by the **SHEN Therapy Institute** 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.