



**Please complete all sections.**

### **1. Agreement.**

Please read these statements, and if you agree with them please circle the AGREE word, we will not accept you onto the training program unless all the statements are agreed to.

Our experience suggests you should only take the training if you agree to these statements:

I understand that the Lightning Process™ is a training program. **Agree/disagree**

I understand that learning the Lightning Process™ does not guarantee me any results. **Agree/disagree**

I accept full responsibility for the effects of applying or not applying this training program to my life.

**Agree/disagree**

I recognise that the mind and body can powerfully influence each other. **Agree/disagree**

I am prepared to look at and challenge my beliefs about my condition/illness, my health and myself.

**Agree/disagree**

I am totally prepared to do the sometimes-challenging work, of starting to think very differently, that is required to get myself back on track. **Agree/disagree**

### **2. About you.**

This helps us to ensure the course is suitable for your needs, gives a sense of who you are;

Sex m f Date of Birth

Current or previous occupation

What you hope to get from doing the course

How would describe your problems/issues/illness- (include medical name/diagnosis if relevant)

When did your issues begin?

How did they start?

What effects has this had/how has this limited your life?

Have you spoken to someone who's used the Lightning Process™ to recover their health?  
**yes/no**                      Their name if known

Do you need wheelchair access to get to the venue? **yes/no**

Can you use lifts/elevators? **yes/no**

### **3. Your future.**

When you have discovered a way to get well/ resolve your issues what would you love to do with your life?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

### **4. Are you ready to be well?**

Please score each of the following out of 10, where 10 means, "I totally agree with this statement", and 0 means "I don't"

Statement one.

I can recover using the Lightning Process™ 0 1 2 3 4 5 6 7 8 9 10

Statement two.

I want to resolve all my issues. 0 1 2 3 4 5 6 7 8 9 10

Statement three.

It is possible for me to resolve all my issues. 0 1 2 3 4 5 6 7 8 9 10

Statement four.

I am capable of learning how to resolve all my issues. 0 1 2 3 4 5 6 7 8 9 10

Statement five.

It is appropriate for me to resolve my issues and I am prepared to do what it takes to make those changes.

0 1 2 3 4 5 6 7 8 9 10

Statement six.

I am willing to change negative lifestyle patterns, thought processes and limiting beliefs.

0 1 2 3 4 5 6 7 8 9 10

Statement seven.

I have the responsibility for resolving these issues and the power to do that. 0 1 2 3 4 5 6 7 8 9 10

Statement eight.

I deserve to and am valuable enough to resolve my issues. 0 1 2 3 4 5 6 7 8 9 10

Statement nine.

In terms of my issues and my ability to follow instructions, I am similar enough to all those others who have used the process to recover that I am bound to make the same kind of changes as them.

0 1 2 3 4 5 6 7 8 9 10

I am determined to be the next success story **yes/no**

## 5. The X factor.

To get the most benefit from the training, what do you need to do, or be?

1

2

3

Are you analytical? We know it is valid in some situations to analyse and question, but what we have found during the Lightning Process™ training, is that those who spend time analysing what they are learning INSTEAD of applying the Process, hinder their own progress. You need to have done your research and questioning before the training so that you can get the most from it. If you need to know more about this please tick here so we can discuss it further.

## 6. Please select one answer.

a) If others can get well using the process then so can I- do you agree?

**yes/no** Other

b) My type of illness/issues (that I want to use the process on) are generally easily recoverable from by using the process.

It is definitely this way/ I don't know /no

c) My issues are different from other people's ones.

It is definitely this way/ I don't know /no

Can you suggest any improvements, or comments about the form.

### **7. Previous and multiple applications.**

Have you applied to take the training before?      **yes/no**      ( if NO go to question 8)

If yes which trainer did you apply to      And when

What has changed for you since applying to that trainer?

To process you application we will need to speak to that trainer about your case, please only send in the application form if you agree to this.

### **8. Other medical issues.**

It is important for us to know about your general state of wellness, both physically and mentally. To help us assess you for suitability for the seminar please answer the following additional question.

Do you have any other health issues? Yes/no

If 'yes' please specify.

### **9. Training Agreement.**

You should only sign this assessment form if you agree to these following statements and conditions.

"I understand that the Lightning Process™ is a training programme. I understand that learning the Lightning Process™ in itself does not guarantee me good results, because I alone am responsible for applying or not applying it. I recognise that the mind and body can powerfully influence each other. I am prepared to look at

and challenge my beliefs about my condition or illness. I am totally prepared to do the work necessary to get myself well.

I promise that during the training I will be available for coaching to achieve success, be open to feedback and change anything that my trainer identifies could hinder my success.”

Signature (if this is being filled in on line please print your name if you would like it to represent your signature in this document)

Date

### **10. Payment details;**

Fees for Lightning Process™ seminar with Phil Parker’s team are £780. This includes your assessment, 3 days of training and course materials. Additional follow up coaching sessions and advanced seminars are available at extra cost after the training seminars as needed.

Payment is by cheque, bank transfer or cash only. As this is an on line form you do not need to send the payment until you have been booked into a course.

### **Terms and conditions:**

#### **Conditions of payment**

Once paid fees can not be refunded in the event of a cancellation on your part, or a failure to complete the training; this is because we run small group trainings with limited spaces; if you take up a space and cancel, no one else will be able to fill it once the course starts. However, if you cancel at short notice and we are able to fill your space your fees will be refunded.

We reserve the right to terminate your training if we feel your continued participation would be unhealthy or unhelpful for you or another member of the training group. Your fees will not be refunded in these circumstances.

#### **Cancellation of seminars**

On occasion unforeseen circumstances may make it necessary for us to cancel a seminar and accordingly we reserve the right to cancel seminars where appropriate. In such circumstances you will be given as much notice as possible and we will either refund the full seminar fee or, if you request, move the training to an alternative date. Liability for any losses other than the seminar costs will not be accepted.”

#### **Ownership.**

All documents you receive as part of your training constitute an intellectual property and are not to be reproduced, sold or distributed in anyway.

If you agree to all of the above conditions in this document please fill in and sign the following declaration. I

.....

understand and agree that once I pay my fees they can not be refunded, that I understand the statements I have agreed to and agree to adhere to the above conditions.

Signature (as this is an on line form please print your name if you would like it to represent your signature in this document)

.....

**This must be completed if you are under 18 years.**

If you are under 18 years age please ask your parent or guardian to read through the form and if they also agree to the terms and conditions, for them to sign the form too

Name

Signature (as this is an on line form please print your name if you would like it to represent your signature in this document)

.....

Relationship to applicant

Date

Thanks for helping us speed up your application by filling this out.

Please send me to : Phil Parker's TEAM, The Lightning Process™ Seminars, 12<sup>th</sup> Floor, City point, 1 Ropemaker St London EC2Y 9HT tel :020 8 895 4618 [lp@philparker.org](mailto:lp@philparker.org)

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### **IMPORTANT**

If you are planning to **bring someone to help you in your learning** please get them to fill in the form that you can download by clicking [here](#)- please note spaces are limited so we can not always accommodate your wish to bring someone with you.

From August 2008 onwards, on completion of the course you will receive an attendance certificate from your trainer. We foresee that, over time, taking a Phil Parker Lightning Process™ training seminar will be considered a valuable component of an individual's life and work skills. The certificate will act as a reference that you attended the seminar for personal development, which can then be presented to future employers as evidence of your Phil Parker Lightning Process™ training attendance.

### **Data protection policy.**

The Register of Lightning Process™ Practitioners is registered with The Information Commissioners Office and all information is held in accordance with the Data Protection Act 1988.

You can decide to have your attendance certificate logged, together with your name, certificate number and e-mail address with Lightning Process head office. This will:

Ensure that it can be replaced in case of loss.

Help us with our research and statistics.

Help us to check that you have received the high standard of care we expect from members of our register.

If you would like this option please check this box.

In addition to the logging of your details for the purposes outlined above, we would also like to occasionally inform you of relevant developments in the Lightning Process TM and its associated programs. This is an optional service. Your details will never be passed on to anyone else for any reason. Please check this box if you wish to receive occasional and relevant correspondence from us about this.