

## Lightning Process Application Form

Please read and complete this application form to learn the **Lightning Process with Kate Gare**.

Name:
Name you wish to be called if different:
Address:
Post code:
If possible, please provide at least two different ways to contact you. Telephone daytime: evening: Mobile (if different):
Email address:

### Am I ready?

Reading this form before you complete it, will help you to decide if the Lightning Process is right for you now. The Lightning Process is a training programme. Our experience is that if people apply the process to their lives they can achieve full health and happiness.

As with any training programme, the trainer can only take responsibility for training and coaching to the best of their ability, then the student must apply the lessons for himself or herself. If the student doesn't apply the training, then they will naturally see very little benefit.

We recommend that you think long and hard before taking this training, does it sound like something that appeals to you, and makes sense to you, something you can commit yourself to? If you feel doubtful, cynical or just want to give it a go to see what happens, then now is probably not the right time for you.

### What to expect in the training

Much will be asked of you over the three days of the seminar, but if you take on the challenge the rewards are extraordinary.

Your trainer has a very demanding role during the seminars. They have to not only present the material but also manage and assist you as you learn. This will involve giving you honest and supportive feedback, which you may find challenging, but is essential for your success.

You will need to be open to this feedback, willing to examine your beliefs and opinions, and ready to change anything your trainer identifies as obstructing your path to success. The training agreement section of this application form details what you need to commit to in order to achieve the results others have had from the Lightning Process.

### About you

Sex: M / F	Date of Birth:
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?	
I know someone personally who's used the Lightning process to recover their health: YES / NO	

### Your future

When you have discovered a way to get well / resolved your issues, what will you put your energies into? What would you love to do with your life? Please complete all eight boxes.

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## Training Agreement

Our experience suggests you should only take the training if you agree to the following statements.

If you are certain that you agree with the statements please circle 'AGREE'; please be aware that we will not accept you onto the training programme unless all the statements are agreed to.

I understand that the Lightning Process is a training programme and not a therapy or treatment.	AGREE / DISAGREE
I understand that learning the Lightning Process therefore does not guarantee me any results.	AGREE / DISAGREE
I accept full responsibility for the effects of applying or not applying this training programme 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's required to get myself back on track.	AGREE / DISAGREE
I will deeply and honestly examine my beliefs.	AGREE / DISAGREE
I will be available for coaching at all times.	AGREE / DISAGREE
I will change anything that my trainer identifies as destructive.	AGREE / DISAGREE
I will be open to feedback of the trainer and my fellow trainees.	AGREE / DISAGREE
I recognise that I have blindspots that I don't even know I have.	AGREE / DISAGREE

## Beliefs around your health

Overall, what score would you give yourself out of 10 for your belief that you can recover using the Lightning Process? \_\_\_\_\_

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

Please score each of the following out of 10, where 10 means "I totally agree with this statement."

Statement	Score 0 - 10
I want to resolve all my issues.	
It is possible for me to resolve all my issues.	
I am capable of learning how to resolve all my issues.	
It is appropriate for me to resolve my issues and I am prepared to do what it takes to make those changes.	
I am willing to change negative lifestyle patterns, thought processes and limiting beliefs.	
I have the responsibility for resolving these issues and the power to do that.	
I deserve to and am valuable enough to resolve my issues.	
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.	

## The X factor

Please write down a few sentences on what you feel is needed from YOU during the Lightning Process to get the changes others have achieved.

**Please select one answer for each of the following questions:**

If you are presented with information do you tend to accept things as they are rather than tending to question them?	Yes No Other
If others can get well using the process then so can I - do you agree?	Yes No Other
My type of illness/issues (that I want to use the process on) are generally easily recoverable from.	True May be true Not true
My specific illness/issues are easy to resolve using the process.	True May be true Not true
My issues are different from other people's ones.	True May be true Not true

### Previous and multiple applications

Have you applied to take the training before? YES / NO (if no, go to next section)
If yes, which trainer did you apply to: and when:
What has changed for you since applying to that trainer?

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

Please do not send in multiple applications to different practitioners.

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## Fee, Payment & Application Details

There are a number of options available to suit your needs:

### Option 1 – Full Support

Tick to choose

We consider the pre and post support to be an integral part of the Lightning Process training. And this inclusive support option has been designed to support you fully on your journey to complete health, wellness and happiness. The cost of this package is £690.

- **Pre-course coaching session**
- **Assessment**
- **3 day training course**
  - Course materials
  - Support CD
- **2 hours follow-up coaching sessions.**
  - Typically made up of 4 x 30 minute phone calls, or can be combined with
  - A face-to-face one hour appointment.

### Option 2 – Training Only

Tick to choose

This option includes the initial assessment and the training only. The cost of this option is £590. If you want follow up coaching or the support CD they will be available for a separate fee.

- **Assessment**
- **3 day training course**
  - Course materials

### **Additional Support**

Should additional support be required beyond the details above, this is available for a additional fee.

When your application form has been received and assessed, we will phone you to discuss it. If you are accepted onto the Lightning Process course we will confirm the date, timings and venue.

A deposit of £150 needs to be sent with this application form (cheques made payable to 'everylife') to Kate Gare, everylife, Flat 5, 49 Palace Square, London, SE19 2LT.

The deposit will **not** be banked until you have been confirmed onto a course. When your place has been confirmed the balance will be due and full payment needs to be received at least two weeks before the first day of the training.

In the case of late applications please send a cheque for the full amount. No cheque will be banked until you have been confirmed on a course.

It is recommended that you send Kate a quick email at [kate@everylife.co.uk](mailto:kate@everylife.co.uk) or call her on 020 7193 9516 or 07964 844375. to let her know you have posted the form. This is to safeguard against post going missing.

**Cancellation**

Fees cannot be refunded in the event of a last minute cancellation on your part, or a failure to complete the training. This is because we run small group trainings with limited spaces. However, should you give sufficient notice and your place is filled, your fees will be refunded.

On very rare occasions unforeseen circumstances may make it necessary for us to cancel a seminar and accordingly we reserve the right to cancel training courses where appropriate. In such circumstances you will be given as much notice as possible and we will either refund the course fee (as outlined above) or, if you request, agree an alternative date with you.

We reserve the right to terminate your training if we feel your continued participation would be unhealthy or unhelpful for you or another

**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.

**Declaration**

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

I, (full name) .....
<ul style="list-style-type: none"><li>• understand and agree that once I pay my fees they cannot be refunded;</li><li>• understand the statements I have agreed to;</li><li>• agree to adhere to the above conditions.</li></ul>
Signature:
Date:

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

If you are under 18 years old 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:
Relationship to applicant:
Date:

*Thanks for helping us speed up your application by filling this out. It may take time, but the information helps us ensure you get the most out of the Lightning Process.*

**Learning facilitator**

It is possible to bring **someone to help you in your learning**. If you feel that having someone with you will be of great benefit you can discuss this with Kate when she calls you to discuss your application form.

**How did you find out about Kate Gare and everylife (please circle)?:**

Personal recommendation	Clinic (either Balham, Bromley or Clapham)
Lightning Process website	Google
InterAction Magazine	Other (please specify)
Kent & Sussex ME Association Magazine	

**Certificate of attendance**

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 course 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 course 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 tick 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™ and its associated programmes. This is an optional service. Your details will never be passed on to anyone else for any reason.

Please **tick this box if you wish to receive occasional and relevant correspondence** from us about this