



Spirit Release Forum Course Application Form

www.spiritrelease.org

Please complete the following questionnaire and return it to the Course Administrator

Name.....Title: Mr/ Mrs/ Miss/ Ms/or

Address.....

.....

Town: County:

Post code: Country:

Telephone: Mobile:

Email Address.....

Course attending:

If this is not your first course with the Forum please give date and information of previous courses attended

..... Date:

..... Date:

..... Date:

..... Date:

How did you learn about the course?

Are you a member of the Spirit Release Forum? Yes/No (please circle)

Those attending a Forum course for the first time should fill in pages 2 and 3. Otherwise please sign and return this form, at least two weeks before course commences, to:

Course Administrator Myrtles, Como Road, Malvern, Worcs WR14 2TH

Tel: 01684-560725

Email: spiritrelease@dsl.pipex.com

Please note: The course organisers reserves the right to refuse attendance to any course for those students not deemed suitable.

Signature

Date.....

Spirit Release Forum

Course Application Form

(To be filled in for those attending a Forum courses for the first time)

Background Training

Professional Qualifications: Date:

..... Date:

..... Date:

..... Date:

Other courses attended and qualifications gained:

..... Date:.....

..... Date:.....

..... Date:.....

..... Date:.....

..... Date:.....

..... Date:.....

Please list any therapies you practice.....

.....

Please state why you want to learn spirit release including any experiences of spirit release? *Please give a brief account and continue on a separate sheet if necessary*

.....

.....

.....

Have you had any notable experiences of a psychic or mystical nature?

Yes/No (please circle)

If Yes please give details

.....

.....

Have you experienced any problems of a nervous, emotional, or mental nature?

Yes/No (please circle)

If Yes, please give brief details and continue on a separate sheet, if necessary

.....
.....

Are you taking regular medication? Yes/No (please circle)

If Yes please give details

.....

Do you have any special dietary requirements? Yes/No (please circle)

If Yes please give details

Have you any other comments that you feel may help us to help you on the course?

Yes/No (please circle)

If Yes, please give brief details and continue on a separate sheet, if necessary

.....
.....
.....

Signature Date.....

Please note that all information you give us will be treated in the strictest confidence.

Disclaimer and Requirements:

1. Applicants should be aware that these trainings in no way constitute a therapy in themselves. Students are encouraged to pursue their own personal development independently of the training course.
2. Students are expected to conduct themselves in an appropriate and professional manner at all times throughout the training, maintaining confidentiality and abiding by the codes of Conduct of the Spirit Release Forum. Failure to abide by these conditions may entail a student being asked to leave the course.
3. If any problems or issues arise during the training please bring this to the attention of one of the tutors. We are here to help.

The above form should be returned to Course Administrator along with your full or deposit payment at least two weeks before the course commences.

Please make cheques payable to SRF (Universal) Ltd.

Course Administrator
Myrtles
Como Road,
Malvern, Worcs WR14 2TH

Tel: 01684-560725