

LIGHTNING PROCESS APPLICATION FORM

Before applying below, please make sure that you have read our terms and conditions.

Personal Details

Name *

First Name

Last Name

<input type="text"/>	<input type="text"/>
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D.O.B

Gender

☐ Male

☐ Female

Occupation/Most recent occupation *

Contact phone number *

Email address *

Address *

Country *

PERSONAL HISTORY

The reason that I ask about your past is so I can assist you in the best way possible.

How would you describe your illness/symptoms/issues? *

Diagnosing Consultant/Doctor *

Date of diagnosis

If applicable

When did your symptoms/issues begin? *

How did they start?

How has this affected your life? *

Do you know someone who has resolved their issues by doing the LP?

How did you hear about the Lightning Process? *

APPLICATION QUESTIONS

Have you read the LP book/listened to the audio download? *

☐ No I haven't

☐ Yes I have

Are you willing to attend and participate in the discussions, training and coaching sessions? *

☐ No

☐ Yes

Do you feel that you can influence your own health? *

☐ No

☐ Yes

Do you believe that you can get better/resolve your issues? *

- ☐ No
- ☐ Yes

What do you hope to achieve from doing the course? *

When you resolve your issues, what would you love to do with your life? *

CONFIDENTIALITY

Do you agree to maintain confidentiality with information shared by others during the training? *

- ☐ Yes, I agree

If you are under 18 you will need your parent or guardian to read the Terms and conditions for you *

- ☐ I have read the terms and conditions

Name of parent guardian

If applicable

THESE QUESTIONS RELATE TO THE 'DATA PROTECTION POLICY' SECTION OF THE TERMS AND CONDITIONS

I would like to have my attendance certificate logged with The Lightning Process Head Office *

This just ensures that it can be replaced if lost, helps with research/statistics and checks that a high standard of care is maintained by all practitioners

- ☐ No
- ☐ Yes

I wish to receive occasional and relevant correspondence about developments from the Lightning Process London team *

- ☐ No
- ☐ Yes

I give permission to be contacted at regular intervals to monitor my progress for the purpose of further research into the Lightning Process *

☐ No

☐ Yes