

Application Form for The Phil Parker Lightning Process® Training With Berit Frivold

Name: _____ Male/Female: _____

Address: _____

City: _____ State: _____ Zip _____

Tel home: _____ Cell / work phone : _____

Email address: _____

Date of Birth: _____

Occupation/Previous Occupation: _____

Are you ready to take the training?

The Lightning Process® is a training program, not a treatment or a therapy, so you need to be ready to learn. Our experience is that if people apply the lessons that they learn from doing this course, then they are able to make changes to achieve new levels of health, performance and happiness.

As with any training program, the trainer/coach can only take responsibility for training and coaching to the best of their ability. It is then up to the student to apply the lessons for themselves in order to achieve the benefits. If the student doesn't apply the training, then they will naturally see very little benefit.

Please read the book "An Introduction to the Lightning Process" and read the section on the website www.lightningprocess.com „Are you ready"? This will help you to know whether the Lightning Process is right for you at this time and will help you to learn the skills when you do the course. Please do talk to other people who have done the course and watch the videos/ read the testimonies. Please get in touch if you would like to talk through any questions you have.

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, so please be honest with yourself and this form or you will probably be wasting your time and your money.

If you feel that you are ready to take the course, then please complete the form. **Before you are accepted on to the course I will contact you by phone to assess whether this training program is right for you at the present time.**

How the training is conducted:

The course usually takes place in small groups, over 3 consecutive days. Sometimes the course is offered as a 1-1 program. Each seminar is approximately 4-5 hours, with breaks. During these seminars your trainer will present the material and also manage and assist you as you go through the very challenging process.

What I expect from you:

That you are ready and committed to do the work required to get well.

What you can expect from me, your trainer:

- I am completely committed to your success.
- I won't accept any behaviors that prevent you getting the success you deserve.
- I will give you no-nonsense, honest and essential feedback even though this may not be what you want to hear. Please do not mistake this for criticism or not caring, as feedback is an essential part of achieving success.

Please Make Sure You Fill In All Sections

If you require more space than provided, please continue on additional sheets.

1. Agreement:

Please read these statements, and if you agree with them please circle the AGREE word, I 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:

- A. I understand that the Lightning Process is a training program.
Agree / Disagree
- B. I understand that learning the Lightning Process does not guarantee me any results.
Agree / Disagree
- C. I accept full responsibility for the effects of applying or not applying this training program to my life.
Agree / Disagree
- D. I recognize that the mind and body can powerfully influence each other.
Agree / Disagree
- E. I am prepared to look at and challenge my beliefs about my condition/ illness/symptoms, my health and myself.
Agree / Disagree
- F. 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. Personal Details and History

A. How would describe your problems/issues/illness/symptoms?
(include medical name/diagnosis if relevant)

B. When did your issues/symptoms begin? _____

C. How did they start?

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

It is important for me to know about your general state of health both physically and mentally to help me assess your suitability for the seminar.

E. Are you currently under the care of a physician or health care provider? _____

F. About when did you last have a thorough medical check-up? _____

G. Please tell me if you have any medical or mental health issues that you have not yet mentioned on this form? If so, please list them. It is vital that I am aware of any pre-existing conditions and past or present diagnoses.

H. Do you need wheelchair access to get to the venue?

Yes/No

3. Lightning Process Course

What do you hope to get from doing the course?

- A. Do you know of someone or have you spoken to someone who has used the Lightning Process to recover their health?

Yes/No

Their name if known: _____

- B. Have you applied to take the training before?

Yes/No (if NO go to question 4)

- C. If yes which trainer did you apply to: _____
and when: _____

- D. What has changed for you since applying to that trainer?

- E. 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.

- C. Please score the following statements where
0 is 'totally disagree' and 10 is 'totally agree'

0 1 2 3 4 5 6 7 8 9 10

Statement	Score
I want to resolve my issues/symptoms	
By applying the training I can learn to resolve my issues/symptoms	
It is possible for me to be well	
I deserve to be well	
I am willing to do all the work necessary to make positive changes to my health and life	
I am willing to change negative lifestyle patterns, thought processes, limiting beliefs and habits	

Statement	Score
I believe I can recover using the Lightning Process	
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	

4. Your Future

A. I am determined to be the next success story:
Yes / No / Maybe

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

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

5. The X Factor

What will **you need to do or be** to get the very best from this training?

6. Analytical

Are you analytical?

We know it is valid in some situations to analyze and question, but what we have found during the Lightning Process training, is that those who spend time analyzing 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.

[]

7. Please select one answer to each statement:

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

Yes / No

B. My type of illness/issues/symptoms (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. The things I need to address are different from other people's.

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

The Lightning Process is a training program, not a therapy, and there is no requirement for you to share personal information with other members of the group, but some people may choose to do so. Do you agree to maintain confidentiality with regard to personal information shared by others during the training?

Yes / No

8. Training Agreement

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

A. "I understand that the Lightning Process is a training program. 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: _____ Date: _____

9. Payment Details

Fees for Lightning Process are currently (2009) US \$1,500.

This includes Your assessment, 3 days of training, course materials, Phil Parker's follow up CD, a follow up call after one week, and one hour of telephone coaching if required).

An application fee of \$ 150 should accompany the application (refundable if you are not accepted for the course, and will be deducted from the total fee).

The total fee is due a minimum of 10 days prior to the start of the program

Payment accepted by Check, PayPal or Credit Card (let me know by e-mail if you prefer PayPal or Credit Card and I will send you the link with simple instructions).
(Info@BeritFrivold.com)

Please do not send the total fee until you have a place and dates confirmed.

Terms and Conditions

Conditions of Payment

Once paid fees cannot 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 the intellectual property of Phil Parker 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 cannot be refunded. I understand the statements I have agreed to, and agree to adhere to the above conditions.

Signature _____

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 _____

Relationship to applicant: _____

Date: _____

Please send the form to: Berit Frivold, 11781 Nelson St. Loma Linda, CA 92354 or email to: info@BeritFrivold.com

IMPORTANT If you are planning to **bring someone to help you in your learning** please email me and I will send you a form for your friend/family member to complete - please note spaces are limited so I cannot always accommodate your wish to bring someone with you. On completion of the course you will receive an attendance certificate.

Data Protection Policy

The Register of Lightning Process Practitioners is registered with The Information Commissioners Office in London, England and all information is held in accordance with the Data Protection Act 1998. You can decide to have your attendance certificate logged, together with your name, certificate number and e-mail address with the 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® 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. []

In order to conduct further research into the Lightning Process we would like to contact you at regular intervals to monitor your progress. We will not use any details by which you may be identified in any statistics that we produce. Please check the box if you agree to this. []

Please note:

I advise that you send this form by regular mail - as your form may contain sensitive information and e-mail may be intercepted by 3rd parties.

I confirm receipt of all applications by email.