

Application for Shamanix practitioner training:

NAME: _____

ADDRESS: _____

_____ **Postcode** _____

Day phone: _____

Night phone: _____

Mobile: _____

Email address: _____

The Shamanix weekend training is a pre-requisite for this course

Date you attended a Shamanix weekend: _____

What is your main life theme* (if you know this)?

What are your recurring life challenges*?

Relevant training and qualifications (if any)

Qualification/experience

Date qualified:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Why do you wish to take this training*?

Signature of Applicant _____ **Date** _____

* Continue on a separate sheet if you wish.