

Get better

Clare Hudman Advanced Lightning Process™ Practitioner



Application form for the Lightning Process® seminar



First save this form on your computer: **Save As** a File Name with your name in it please e.g. *JennySmith-application.doc*, then fill it out on your computer, **save** it when finished, and email it back to us. Just click on the fields and type or choose your answers.

Alternatively you can print out this form, complete it by hand and send it in the post.

Name **Female / Male**

Name you wish to be called if different

Address: House number Street

Line 2(if needed) Town

County Country Post code

Tel home Tel work or mobile

Email Date of Birth Current or 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.getbetter.me '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 what people say. Please get in touch if you'd 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. Please be honest with yourself and honest on this form, otherwise you will probably be wasting your time and money.

If you feel that you are ready to take the course, then please complete the form. I will process your form as promptly as I can. **I will ring to talk to you before you take this seminar in order to assess if this programme is right for you right now.**

How the training is conducted

The course usually takes place in small groups, over 3 consecutive days. 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 challenging process. Much will be demanded from you over the three days of the seminar but if you take on the challenge, for which your trainer will assess you in terms of your readiness, the rewards are extraordinary.

What I expect from you:

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

What you can expect from us:

Your trainer is completely committed to your success and as a result:

- ☆ I won't accept anything that prevents you getting the success you deserve..
- ☆ I will give you honest, no-nonsense, and essential feedback even though this may not be what you want to hear. Do not mistake this for criticism or as uncaring as feedback is an essential part of achieving success.
- ☆ I will not always say what you want to hear.
- ☆ If what you are doing is going to cost you your success I will tell you even if it risks you being annoyed with me.

Does this sound like something that appeals to you and makes sense to you; something to which you can commit yourself fully? Yes No

Your role in the training

I expect that you are ready and committed to do the work required to get well.

PLEASE MAKE SURE YOU FILL IN ALL SECTIONS

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

1. AGREEMENT

Please read these statements, and if you agree with them please choose the AGREE word, Our experience suggests you should only take the training if you agree to these statements:

I understand that the Lightning Process™ is a training program. **Agree Disagree**

I understand that learning the Lightning Process™ does not guarantee me any results.
Agree Disagree

I accept full responsibility for the effects of applying or not applying this training program 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 is required to get myself back on track. **Agree Disagree**

2. PERSONAL DETAILS AND HISTORY

How would you describe your problems/issues/illness/symptoms? Include medical name/diagnosis if relevant.

When did your issues begin and how did they start?

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 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.

Any other physical or mental health issues? **Yes No**

If 'yes' please list them here

Do you need wheelchair access to get to the venue? **No Yes**

3. LIGHTNING PROCESS COURSE

What you hope to get from doing the course?

Do you know of someone or have you spoken to someone who's used the Lightning Process to recover their health? **Yes No** Their name if known

Have you applied to take the training before? **No / Yes** If **NO** go to section 4.

If **YES** which trainer did you apply to.....

And when.....?

What has changed for you since applying to that trainer?

To process your application I will need to speak to that trainer about your case. Please only send in your application if you agree to this. Please do not send in multiple applications to different practitioners.

4. YOUR FUTURE

Please score each of the following statements **out of 10** where 10 means 'I totally agree with this statement' and 0 is "I totally disagree":

A. I want to resolve all my issues. 0 ...1...2...3...4...5...6...7...8...9...10

B. By applying the training I can learn to resolve my issues/symptoms. 0 ...1...2...3...4...5...6...7...8...9...10

C. It is possible for me to be well. 0...1...2...3...4...5...6...7...8...9...10

D. I deserve to be well. 0...1...2...3...4...5...6...7...8...9...10

E. I am willing to do all the work necessary to make positive changes to my health and life. 0...1...2...3...4...5...6...7...8...9...10



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F. I am willing to change negative lifestyle patterns, thought processes and limiting beliefs. 0...1...2...3...4...5...6...7...8...9...10

G. I believe I can recover using the Lightning Process 0...1...2...3...4...5...6...7...8...9...10

H. In terms of my issues and my ability to follow instructions, I am similar enough to all those others who have used the Lightning Process to recover, that I am bound to make the same kind of changes as them, if I do the work. 0...1...2...3...4...5...6...7...8...9...10

I. Overall what score would you give yourself out of 10 for your belief that you can recover using the Lightning Process? 0 ...1...2...3...4...5...6...7...8...9...10

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

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

Giving this section the attention it deserves and completing it fully is part of your recovery.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

5. 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 that the others have achieved.

- 1
- 2
- 3

6. ARE YOU ANALYTICAL? I know it is valid in some situations to analyse and question; but we have found that, during the Lightning Process™ training, those who spend time analysing 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 check the box here so we can discuss it further.

7. PLEASE SELECT ONE ANSWER FOR EACH QUESTION

- "If others can get well using the Process then so can I" – do you agree?
Yes / No / Other
- For my type of illness or issues, people who use the Process generally recover quickly.
It is definitely this way / I don't know / Not true
- The things I need to address are different from other people's.
It is definitely this way / Maybe / I don't know / Not true
- My specific illness/issues are straightforward to resolve using the Process.
It is definitely this way / Maybe / I don't know / Not true

The Lightning Process is a training programme, 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**

Can you suggest any improvements or do you have any comments about this form?

In our experience and that of over 5,000 successful Lightning Process™ participants, a vast array of physical and other symptoms can be cleared by addressing the underlying cause. So please do the research, read the [testimonials](#) and the [personal stories](#) on our website at <http://www.therightplace.net/getbetter/truestories.html> and/or talk to people who have done the training, to assure yourself of your own potential for success. If you need to know more about this please check the box here so we can discuss it further.

8. WHERE DID YOU HEAR ABOUT The Lightning Process™?

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8. WHERE DID YOU HEAR ABOUT Clare Hudman?

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9. TRAINING AGREEMENT

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

"I understand that the Lightning Process is a training programme. 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: -

- ✓ Deeply and honestly examine my beliefs
- ✓ Be available for coaching at all times to achieve success
- ✓ Change anything that my trainer identifies could hinder my success
- ✓ Be open to feedback from the trainer and my fellow trainees
- ✓ Recognise that I may have blind spots that I don't even know I have

Signature

(if you are sending the form by email please type your name if you would like it to represent your signature in this document)

Date:

10. PAYMENT DETAILS

The total fees are £600. This includes: your assessment, the 3 day Lightning Process™ seminar with Clare Hudman, all course materials and a CD and up to two hours follow up, in session lengths of your choosing, if and when needed.

Payment is by cheque made payable to **Clare Hudman** and sent to the address below. Please do not send any fees until you have a place and dates confirmed.

Conditions of payment

Once paid, fees may not be refunded in the event of a cancellation on your part or a failure to complete the training. This is because I run individual or small group trainings with limited spaces. If you cancel at short notice or fail to attend, no one else will be able to take your place. However, if you cancel with sufficient notice **and** I am able to fill your space, your fees will be refunded.

I reserve the right to terminate your training if I 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 I reserve the right to cancel seminars where appropriate. In such circumstances you will be given as much notice as possible and I 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 an intellectual property and are not to be reproduced, sold or distributed in any way.

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

I understand and agree to all the above conditions and statements, including the conditions of payment, I understand the statements I have agreed to and I agree to adhere to all the above conditions.

Signature

(if you are filling this in as an on line form please type your name if you would like it to represent your signature in this document)

Date:

This section must be completed if you are under 18

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 they need to sign the form too.

Name

Signature

Relationship to applicant

Date

Certificate of attendance.

On completion of the course you will receive an attendance certificate from your trainer.

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 email address with the Lightning Process head office. This will ensure that it can be replaced in case of loss. It will also help us with our research and statistics and it will 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 programmes. 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.

Thank you for helping speed up your application by filling this form. It is not just a form, it is a vital step on your path to recovery, so check you have completed it honestly and with as much care and attention as it needs.

Save this form on your computer, Save As a File Name with your name in it please **e.g. JennySmith-application.doc**, then fill it out on your computer, save it when finished, and email it back to us. Just click on the fields and type or choose your answers.

Alternatively you can print out this form, complete it by hand and send it in the post.

10 Springhill

getbetter@therightplace.net

Stroud

phone: 01453-750382

GL5 1TN

If you are planning to **bring someone to help you in your learning** please get them to fill in the [facilitator's form](#) that you can download [here](#). Or from the website www.getbetter.me.uk Please note spaces are limited so I cannot always guarantee to accommodate your wish to bring someone with you.