



# Spirit Release Foundation

## Course Application Form

www.spiritrelease.com

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 Spirit Release 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 Foundation? Yes/No (please circle)

Those attending a SRF 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:** 07789-682-420 **Email:** fridamaria@blueyonder.co.uk

**Please note:** The Spirit Release Foundation reserves the right to refuse attendance to any course for those students not deemed suitable.

Signature ..... Date.....

### Spirit Release Foundation Course Application Form

(To be filled in for those attending SRF 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.....

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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

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

Yes/No (please circle)

If Yes please give details .....

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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

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.....

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

If Yes please give details .....

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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

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Signature ..... Date.....

Please note that all information you give us will be treated in the strictest confidence. In signing this application form you are agreeing to comply with the following Disclaimers and Requirements.

**Disclaimer and Requirements:**

1. All applications are subject to the terms and conditions of the Course Bookings. Please check these on the website.
2. Applicants should be aware that SRF trainings in no way constitute a therapy in themselves. SRF students are encouraged to pursue their own personal development independently of the training course.
3. 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 for the Spirit Release Foundation. Failure to abide by these conditions may entail a student being asked to leave the course.
4. 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 at least two weeks before the course commences.

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

Tel: 01684-560725