



The Phil Parker Lightning Process[®] Training Assessment Form for SMILE Participants

Name: _____ Male/Female: _____

Address: _____

Postcode: _____

Tel home: _____ Mobile: _____

Email address: _____

Date of Birth: _____

School/College/Occupation: _____

Are you ready to take the training?

The Lightning Process[®] (LP) is a training programme, not a treatment or a therapy so you need to be ready to learn.

The first step of the training is to read/listen to the book/audio book 'An Introduction to the Lightning Process', this will help prepare you for the seminar itself. Please do talk to other people who have done the course and watch the videos/read the testimonies on www.lightningprocess.com

Your Lightning Process Practitioner will contact you by phone to introduce themselves, ask questions with regard to your understanding of the Lightning Process and answer any questions you may have.

Expectations:

What I expect from you:

That you are ready and committed to do the work required by the course.

What you can expect from me, your trainer:

- I am completely committed to your success.
- I may ask you to change any behaviours that could prevent you getting the success you deserve.
- Even though it may not always be what you want to hear, I will give you no-nonsense, honest and essential feedback.

1. Have you read the book/listened to the audio book/had the book read to you? (delete as appropriate)
2. Do you believe you can get better? **Yes/No/Maybe**
3. Do you feel you can influence your own health? **Yes/No/Maybe**
4. Are you willing to attend and participate in the discussions, training and coaching sessions? **Yes/No/Maybe**



- 5. Do you feel doubtful, cynical about the LP or just want to give it a go to see what happens? **Yes/No/Maybe**
- 6. Do you feel that you are ready to take the course? **Yes/No/Maybe**

7. **Personal Details and History**

How would you describe your illness/symptoms (include medical name/diagnosis if relevant)?

When did your symptoms begin?

How did they start?

How has this affected your life?

It is important for me to know about your general state of health and health history 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.



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

9. **Lightning Process Course**

What do you hope to get from doing the course?

When you have discovered a way to get well, what would you love to do with your life?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

10. Do you know of someone or have you spoken to someone who has used the Lightning Process to recover their health? **Yes/No**

11. Have you applied to take the training before? **Yes/No** (If no go to question 12)

If yes which trainer did you apply to: _____

and when: _____

What has changed for you since applying to that trainer?

I may need to speak to that trainer about your case, please confirm that you give me permission to do this. **Yes/No**



12. Are you analytical (do you spend a lot of time questioning and examining things)? **Yes/No/Maybe**

We know it is valid in some situations to analyse and question, but what we have found during the Lightning Process training, is that those who spend time analysing what they are learning INSTEAD of applying the Process, get in the way of their own progress. You need to have done your research and questioning before the training so that you can get the most from it.

13. Confidentiality

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**

Training Agreement

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

“I understand that the Lightning Process is a training programme. I understand that the Lightning Process is not a miracle cure and requires commitment and work to be successful. I recognise that the mind and body can powerfully influence each other. I am prepared to look at my illness, health and future in a new way. I am prepared to look at my opinions, thoughts and understanding about my health. I am totally prepared to do the work required.

I promise that during the training I will be available for coaching to achieve success, be open to feedback and am prepared to change anything that my trainer identifies could limit my success.”

Signature: _____ Date: _____

Terms and Conditions

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.

Copyright Notice

The purpose of the Process is to apply it to resolve your personal issue/s. Participation in the Process does not amount in any way to permission to reproduce any of the techniques or materials (including graphical images, text, audio or visual presentation) that are demonstrated or provided.

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

I _____ (print name) understand the statements I have agreed to and agree to adhere to the above conditions.

Signature: _____ Date: _____



This must be completed if you are under 16 years.

If you are under 16 years of 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: _____ Date: _____

Relationship to applicant: _____

Please send the form to: Lightning Process (SMILE), CityPoint Room 1516,
1 Ropemaker Street, London EC2Y 9HT

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 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 email 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 []

Your details will never be passed on to anyone else beyond this study for any reason.

Who should accompany you to the Lightning Process seminar?

It is not essential that you have someone with you when you attend the Lightning Process course. However, it is a decision for you to make with your parents/guardian as to whether you come on your own or whether you wish to bring a parent/guardian, family member or friend to sit in with you in the seminar and to help with your learning.

Your parents/guardian, family member or friend will care deeply about you and your future. We have found that the kinds of qualities ideal for someone who attends to support you in your learning are:

- Being fully supportive of you in understanding and applying the training
- Being ready to leave their preconceptions and beliefs behind
- Being positive and able to inspire you

For the following information please note that the young person taking the course is referred to as 'the student' and the accompanying person as the student's 'Learning Facilitator'



Learning Facilitator's details:

Name: _____

Relationship to student: _____

Address: _____

Contact Telephone Number: _____

Email: _____

Occupation: _____

Information for Learning Facilitators

How the training is conducted

Much will be demanded from you and your student over the three days of the seminar, but if you both take on the challenge then the rewards are extraordinary.

The trainer has a very demanding role during the seminars. They have to not only present the material but also manage and assist your student as they go through the very challenging Process. There are certain ground rules and understandings that will make the training easier for both you and them.

The trainer is completely committed to your student's success, as a result:

- They will ask you to change any behaviours that prevent your student from getting the success that they deserve.
- They will deliver no-nonsense, honest and essential feedback, to both you and your student - do not mistake this as not caring.
- They will not always say what you or your student want to hear.
- If what you, or your student, are doing is going to cost your student their success they will tell you, or your student, even if it risks you being annoyed with them.

Your Role

The Lightning Process is not a miracle cure and requires commitment and work to be successful, however the results can be extraordinary.

It helps if you are positive about their decision to do the Process, and support the effort they are putting in. It may be something you have not come across before, so please find out more about it if you are doubtful or skeptical.

You will have the opportunity to speak with the Lightning Process Practitioner prior to the course in order to ask any questions that you may have.

Conditions

We reserve the right to terminate your student's training or your attendance if we feel your continued participation would be unhealthy or unhelpful for your student or another member of the training group.

Ownership

All documents you, or your student, receive as part of your student's training constitute intellectual property and are not to be reproduced, sold or distributed in



anyway.

Confidentiality

The Lightning Process is a training programme, not a therapy, and there is no requirement for your student 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**

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

I _____ (print name) understand the statements I have agreed to and agree to adhere to the above conditions. I confirm that all the information I have provided throughout this document is correct to the best of my knowledge.

Signature: _____ Date: _____