

# Lightning Process™ Application Form

Date: .....

Name: .....

Name you wish to be called if different: .....

Address: .....

.....

Post code: .....

Telephone daytime: .....

Telephone evening: .....

Mobile (if different): .....

Email address: .....

Please select course location: UK - London  Carmarthen, Wales

Norway - Oslo  Bergen  Stavanger

## Am I ready?

Please read this form before you complete it, as this will help you decide if the Lightning Process™ is right for you right now. The Lightning Process is a training programme. Our experience is that if people apply the process to their lives they can start to change old patterns of thinking which in turn influence their health and happiness.

With any training programme, the trainer can only take responsibility for training and coaching to the best of their ability, then the student must apply the lessons for himself or herself. If the student doesn't apply the training, then they will naturally see very little benefit.

We recommend that you think long and hard before taking this training, does it sound like something that appeals to you, and makes sense to you, something you can commit yourself to? 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.

## What to expect in the training

Much will be asked of you over the three days of the seminar, but if you take on the challenge the rewards are extraordinary. Your trainer has a very demanding role during the seminars. They have to not only present the material but also manage and assist you as you learn. This will involve giving you honest and supportive feedback, which you may find challenging, but is essential for your success.

You will need to be open to this feedback, willing to examine your beliefs and opinions, and ready to change anything your trainer identifies as obstructing your path to success. The training agreement section of this application form details what you need to commit to in order to achieve the results others have had from the Lightning Process.

## About you

(this helps us to ensure the course is suitable for your needs, gives a sense of who you are)

Sex: M / F ..... Date of Birth: .....

Current or previous occupation: .....

What do you hope to get from doing the course?

.....

What condition are you suffering from? (include medical name / diagnosis if relevant):

.....

How long have you had the condition and how did it start?

.....

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

.....

Do you know someone personally who has used the Lightning process to recover their health: YES / NO

## Your future

When you have discovered a way to get well / resolve your condition, what will you put your energies into? What would you love to do with your life?  
(These should be realistic achievable things you want)

1 .....

2 .....

3 .....

4 .....

5 .....

6 .....

7 .....

8 .....

## Your beliefs around your health

How much do you agree with the following statements, on a scale of 1 - 5, where 5 is "I totally agree":

(circle your answer)

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| • I want and desire to be healthy  | 1 | 2 | 3 | 4 | 5 |
| • I believe it is possible for me to be healthy  | 1 | 2 | 3 | 4 | 5 |
| • I have the capability to learn how to be healthy   | 1 | 2 | 3 | 4 | 5 |
| • Now is an appropriate time in my life to be healthy                                      | 1 | 2 | 3 | 4 | 5 |
| • The gains of being healthy outweigh the gains of remaining ill                           | 1 | 2 | 3 | 4 | 5 |
| • I am willing to change negative lifestyle habits, thought processes and limiting beliefs | 1 | 2 | 3 | 4 | 5 |
| • Once I know how, I then hold the responsibility to be healthy                            | 1 | 2 | 3 | 4 | 5 |
| • I deserve to be healthy  | 1 | 2 | 3 | 4 | 5 |

What do you feel is needed from YOU during and after the Lightning Process training to get the changes others have achieved (Please write a few sentences)?

.....

.....

.....

## Other medical issues

It is important for us to know about your general state of wellness, both physically and mentally. To help us assess you for suitability for the seminar please answer the following additional question.

Do you have any other health issues? Yes\_ No\_  
If 'yes' please specify.

.....

.....

## Ability Scale for Fatigue Disorders

Please put a tick in the box next to the description that best describes your current ability:

- 100% No symptoms even following physical or mental exertion. Able to study full time without difficulty, plus enjoy a social life.
- 95% No symptoms at rest. Mild symptoms following physical or mental exertion - tire rather easily but fully recovered next day. Able to study full time without difficulty but it means a slight restriction on social life.
- 90% No symptoms at rest. Mild symptoms following physical or mental exertion - tire easily. Study full time with some difficulty. Social life rather restricted.
- 80% Mild symptoms at rest, worsened by physical or mental exertion. Full time study at school or college difficult, especially if it is a crowded, noisy environment. Home tuition or part-time study without difficulty.
- 70% Mild symptoms at rest, worsened by physical or mental exertion. Daily activity limited. Part time study at school/college tiring, restricting social life. With home study and careful pacing of activities, some social life is possible. Careful exercise may be possible: walking/swimming/cycling.
- 60% Mild to moderate symptoms at rest. Increasing symptoms following physical or mental exertion. Daily activity very limited, although gentle walking/swimming/cycling is possible. Unable to study with others. Short (1 or 2 hours) daily home study is possible. Quiet, non-active social life possible.
- 50% Moderate symptoms at rest. Increasing symptoms following physical or mental exertion. Regular rest periods needed. Simple, short home study possible when alternated with quiet, non-active social life. Not confined to the house but unable to walk much further than 200yds. Enjoy a trip to the shops in the wheelchair.
- 40% Moderate symptoms at rest. Moderate to severe symptoms following physical or mental exertion. Not confined to the house but unable to walk much more than 100yds. Can manage a wheelchair outing to the shops on a quiet day. Requires three or four regular rest periods during the day. Only one large activity possible per day - friend dropping by or doctor's visit or short home study etc. Rest of the time spent pottering around.
- 30% Moderate to severe symptoms at rest with possible weakness in hands and arms. Severe symptoms following any physical or mental exertion. Usually confined to the house but enjoy a quiet wheelchair ride or a gentle walk in the fresh air. Most of the day resting, although some small tasks possible (e.g. letter writing). Mental concentration poor and home study very difficult indeed.
- 20% Fairly severe symptoms at rest. Weakness in hands, arms or legs may be restricting movement. Unable to leave the house except rarely. Confined to bed/settee most of the day but able to sit in a chair for short periods. Unable to concentrate for more than one hour a day.
- 10% Severe symptoms at rest. In bed the majority of the time. No travel outside the house. Concentration very difficult indeed.
- 0% Severe symptoms on a continuous basis. In bed constantly. Unable to Sit up. Unable to care for yourself.

Note: These categories give us a general idea of your current ability, we realise you may fluctuate, but please indicate where on the scale you have been on average over the last few months.

## Training Agreement

Our experience suggests you should only take the training if you agree to the following statements.

If you are certain that you agree with the statements please circle 'AGREE'; please be aware that we will not accept you onto the training programme unless all the statements are agreed to.

- I understand that the Lightning Process is a training programme and not a therapy or treatment. AGREE / DISAGREE
- I understand that learning the Lightning Process therefore does not guarantee me any results. AGREE / DISAGREE
- I accept full responsibility for the effects of applying or not applying this training programme 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's required to get myself back on track AGREE / DISAGREE
- I will deeply and honestly examine my beliefs. AGREE / DISAGREE
- I will be available for coaching at all times. AGREE / DISAGREE
- I will change anything that my trainer identifies as destructive. AGREE / DISAGREE
- I will be open to feedback of the trainer and my fellow trainees. AGREE / DISAGREE
- I recognise that I have blindspots that I don't even know I have. AGREE / DISAGREE

## Previous and multiple applications

Have you applied to take the training before? YES / NO (if no, go to next section)

If yes, which trainer did you apply to: .....

and when: .....

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

To process your application we will need to speak to that trainer about your case, please only send in the application form if you agree to this.

Please do not send in multiple applications to different practitioners.

## Training and payment details

The process is taught as a group course which has a relaxed and friendly atmosphere. Payment for a course held in the U.K. is by cheque or bank transfer only (cheque payable to 'Russell Stubbs') Payment for an international course (held outside the U.K.) is by bank transfer. You will also need to budget for your travelling and accommodation expenses.

The fee for a Lightning Process course held in the UK is £590

The fee for a Lightning Process course held in Norway is NOR 15.000

## Conditions of payment

Please do not send a cheque or attempt to pay until your trainer has given you a course date.

Once the training has been booked and your cheque has been cashed or transfer received, the fees cannot be refunded in the event of a cancellation on your part. This is because we run 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.

## Ownership

All documents you receive as part of your training constitute an intellectual property and are not to be reproduced, sold or distributed in anyway.

## Cancellation of seminars

On occasion unforeseen circumstances may make it necessary for us to cancel a seminar and accordingly Russell Stubbs reserves the right to cancel seminars where appropriate. In such circumstances you will be given as much notice as possible and Russell Stubbs 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.

## Certificate of attendance

From August 2008 onwards, on completion of the course you will receive an attendance certificate from your trainer. We foresee that, over time, taking a Lightning Process training seminar will be considered a valuable component of an individual's life and work skills and the certificate will act as a reference to be presented to future employers as evidence of your LP training attendance.

To ensure this valuable certificate is accurate your trainer will log your name, certificate number and e-mail address with the Lightning Process register (please see our Data Protection Policy for more details).

## 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 e-mail address with 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.

If you would like this option please check this box

How did you find out about my Lightning Process Training?

Tick as appropriate:

1. Lightning Process website \_ 2. Recommendation \_ 3. Other (please specify) \_\_\_\_\_

Access: Are you dependent on a wheelchair? Yes\_ No\_

### Declaration

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

I, (full name) .....

- understand and agree that once I pay my fees they cannot be refunded;
- understand the statements I have agreed to;
- agree to adhere to the above conditions.

Signature: ..... Date: .....

This must be completed if you are under 18 years

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, for them to sign the form too.

Name: ..... Signature: .....

Relationship to applicant: ..... Date: .....

Thanks for helping us speed up your application by filling this out. It may take time, but the information helps us ensure you get the most out of the Lightning Process.

Please send this form to:

Russell Stubbs, Bwlch-y-Llyn, Four Roads, Kidwelly, Carmarthenshire, SA17 4NL.

Tel: 0845 050 4510 / 01554 890077

Mobile: 07811 319 440

E-mail: russ@fatigueguide.com

You may also wish to send Russell an email at russ@fatigueguide.com to confirm that you have sent the form.