



## SHAMANIC PRACTITIONER APPRENTICESHIP

with

**Chetna Helen Lawless**

### APPLICATION

Title

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Full Name

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Birth Date

Occupation

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Address

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Phone

Mobile

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Email

Skype User Name

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Facebook

Twitter

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*Please answer all the questions below on a separate sheet of paper. Be as honest and clear as possible, so I can get an accurate picture of your current level of experience. Your answers will guide the shape of the course.*

*This application is completely confidential.*

*Please complete this form, keep a copy, and return it with the signed Financial Commitment Agreement and your £100 deposit payable either by Paypal through the website, or by cheque made out to **H.Lawless**. Please send to: SPA, M.Bainbridge, Hogarth House, Lyme Regis DT7 3HX.*

*If you are not accepted on the course, your deposit will be returned to you.*

## **YOUR PERSONAL HISTORY**

1. How long have you been journeying? How often do you journey? Describe the relationship you have with your helping spirits. How well do you usually understand their metaphors and guidance?
2. Other than journeying, it is not assumed you have taken any shamanic workshops. However, please list any additional workshops you have taken on shamanism and with whom you took the training. Include the approximate year of all your coursework.
3. Please list other spiritual development work and with whom you trained, giving approximate dates.
4. In past workshops or training courses on shamanism, or other spiritual disciplines, what, if any, have been challenging spots for you?
5. Why do you want to take this training? What would you like to gain from it?
6. Please describe how you use shamanism or any other spiritual practice for your personal insight and healing. How often?
7. What have been the greatest challenges in your life?
8. Please add any other comments here. Also please indicate if you are on any medication, or managing a long-term health issue.
9. Please attach a two-page letter describing yourself as a person.
10. Please share an example of one of your journeys: the intention you set and the results of your journey.

## MEDICAL SECTION

1. Are you currently in therapy and/or under a doctor's care? If so, for what reason(s)?
2. Are you currently taking any prescribed medications? If yes, what kind(s), in what amount(s), and for what purpose(s)?
3. In case of emergency, whom should we contact?

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

(mob) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

### Alternative Emergency Contact

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

(mob) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

The above information is true to the best of my knowledge.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

## FINANCIAL COMMITMENT AGREEMENT

The Shamanic Practitioner Apprenticeship is a two-year training costing £3500. There are several ways you can pay for the training.

**Please indicate which option you will use.**

**Option 1:** Pay the whole amount outright £3400 (This is the balance minus the deposit.) or by two payments of £1700. First one due one month prior to the course beginning, the second one due 7 months afterwards.

**Option 2:** Four payments of £850

**Option 3:** £170 per month to be paid by standing order for 20 consecutive months. email: [admin@vision-voyages.com](mailto:admin@vision-voyages.com) for bank details, or alternatively use Paypal on the website.

**Note:** Participation in the Shamanic Practitioner Apprenticeship is a serious undertaking. Be advised that tuition payments are non-refundable, and will not be returned unless the program is cancelled. If in the event of an emergency, you cannot complete the training, you will still be expected to pay the fees in full. And you will have the option of being able to participate in future trainings.

I reserve the right to cancel your contract if at any point during the course you break the terms of the commitment agreements. Under these circumstances, you will only pay for the training you have received.

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Applicant's signature

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Date

## SHAMANIC PRACTITIONER APPRENTICESHIP COMMITMENT AGREEMENT

The Shamanic Practitioner Apprenticeship Program requires a deep and extensive commitment.

The **Instructor**, C.H. Lawless commits to the following:

- 1. Knowing the material presented, and capably conveying the material.*
- 2. Providing a safe, effective and powerful container for the work.*
- 3. Supporting apprentices to come into their own as strong, ethical shamanic practitioners.*
- 4. Continuing her own professional development.*
- 5. Pursuing professional consultation as needed.*
- 6. In addition, personally keeping Commitments 1 through 4 (below).*

**As an applicant** seeking to participate in the program, I understand that our work will take place in the context of a committed group meeting together in a sacred circle over the course of two years. To do my part to create the most safe, effective, powerful container for learning the material, I agree to the following commitments:

1. I will interact with other human beings and all life forms in ways that promote their well-being and do not violate or harm. This includes a vow to refrain from using shamanic abilities to manipulate others, e.g., to invade another; to seek to gain control or alter circumstances to achieve an outcome which involves limiting another human being's free will or personal power; or otherwise detract from serving the highest good.
2. I will hold confidential any of the personal sharing or experiences of others in the program circle, and of any person with whom I perform shamanic counselling or healing work at any time, legal requirements notwithstanding.
3. In order to bring the clearest state of mind and heart, and to safeguard and honour the work, I will refrain from excessive use of alcohol or other recreational substances; and I will specifically abstain from their use for a minimum of 24 hours prior to any program session or other shamanic work.
4. I will be truthful and act in full integrity with the instructor and other participants in the programme, including in my statements on the admission application form. I understand that therapy is beyond the scope of this program, and I will take responsibility to attend to any of my personal issues that may arise in the course of the work, seeking outside consultation or therapeutic support as needed.
5. I will directly advise the instructor if I am having difficulty with any aspect of the program, including participating in any portion thereof, or in adhering to this agreement.
6. I understand that consistent attendance is important to the development of my skills and to the maintenance of a strong circle. I will endeavour to attend all program sessions, barring a commitment made prior to admission to the program, of which I have notified the instructor; absolutely unavoidable work or family obligation; illness; or an

emergency. I understand that missing more than 20% of session time may result in being dropped from the remaining training.

7. In the event that I must miss a scheduled session, I will review the material I have missed with a classmate. Alternatively, I may schedule a private session with the instructor at additional expense.

8. I will respect program time schedules and complete outside assignments. In respect of the sacred nature of the work, and the discipline it requires, I will arrive early for each program session and be ready to work at the appointed hour. I will not enter program sessions after they are scheduled to begin without receiving permission in advance from the instructor.

9. I will make my tuition payments by the dates specified on my application form. I understand that the integrity of the program is dependent upon participants upholding each part of this agreement, and that applying for admission constitutes my pledge to do so. Further, that my failure to keep any aspect of this agreement may result in being dropped from the program, and if I am so dropped, or if after making application I for any reason choose not to participate, no refund of tuition will be made.

10. I represent that I am physically and mentally healthy, that I have no reason to believe I am emotionally unstable, and that I will consult my own physician or other qualified health professional if there is any question in my mind about my physical or emotional fitness to participate in the program.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_