

Application for

APPRENTICESHIP

Name _____

Date: _____

Address _____

Email: _____

[town, zip] _____

Telephone(s): _____

How did you hear about the class? _____

I want to study energy work with you because:

I am most interested in:

My special needs are (if any):

Are you currently a health care provider?

Do you have any past experience with energy work, either receiving, giving, or studying it?
If yes, please tell me about your training:

What was successful about this training?

What was difficult or unsuccessful in the training?

Apprenticeships usually require one to three years of part-time study and include in-depth classes and workshops, a research project, and, if energy work will be your profession, clinical practice. If your goals include teaching energy work, training can include these skills as well. The time period may be shortened for people who can demonstrate sufficient training and knowledge in some areas. Curriculum includes all classes that Barbara teaches during your years with her, additional instruction individualized for your goals, and energy work from Barbara.

