



## COURSE APPLICATION FORM

COURSE **ELARIUS 1 – THE WAY OF DYNAMIC ENERGY AWARENESS**

DATE \_\_\_\_\_

### PERSONAL HISTORY

1) NAME.....

ADDRESS.....

.....  
.....  
.....

PHONE NO. (day).....

(evening) .....

E MAIL .....

AGE.....

OCCUPATION.....

**The following questions are asked to enable us to better assist you as you participate in our programmes. Your answers will be treated in strict confidence.**

A) Have you experience of energy work or healing. YES / NO Please circle one

If yes As a client YES / NO

As a practitioner YES / NO Your modality of practice is .....

B) Have you ever been a client in counselling or therapy? YES / NO Please circle one

If yes , please state approximate duration .....

Type of therapy INDIVIDUAL / COUPLE / GROUP/ OTHER Please circle type

C) Are you currently medically and psychologically well? YES / NO Please circle one.

Do you have any special needs which you would like us to be aware of as you participate in the workshop? If so, please detail them on the reverse of this page or on a separate sheet and attach it to this form.

C) What would you like to gain from participation in this workshop?

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**ELARIUS™**  
THE WAY OF DYNAMIC ENERGY AWARENESS  
**COURSE APPLICATION FORM**

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***Elarius – The Way of Dynamic Energy Awareness***

**Lunch at Walkabout Creek Function Centre**

Fresh baked baguettes with a variety of fillings, e.g.  
Assorted shaved meats  
Fresh salad vegetables  
Grilled zucchini and eggplant  
Homemade pesto and roasted capsicum dressing  
Freshly squeezed orange juice  
Twinning's Tea and brewed coffee

My dietary option for lunch is (Please tick one)

- Standard     Vegetarian     Vegan     Dairy Free     Wheat Free  
 Other (please specify) .....

***TO SECURE YOUR PLACE ON THIS WORKSHOP ,PLEASE SEND THIS COMPLETED APPLICATION FORM WITH YOUR FULL WORKSHOP FEE TO THE ANNWN INSTITUTE BY THE CLOSING DATE ON YOUR WORKSHOP INFORMATION SHEET.***

**ANNWN INSTITUTE  
397 TYALGUM CREEK ROAD  
TYALGUM  
NSW 2484  
AUSTRALIA  
PHONE +61 6679 33 99  
EMAIL [drruthdoherty@elarius.org](mailto:drruthdoherty@elarius.org)**