

Radical Aliveness/
Institute of Southern California
Core Energetics
Ann Bradney, Director

2011-2013 TWO-YEAR TRAINING PROGRAM APPLICATION

Non-Refundable \$75 application fee required at time of application. Online payment option is available at <http://annbradney.com/education.php> or a check may be sent to **Radical Aliveness, 40 Sunset Avenue #3, Venice, CA 90291**

Name: _____

Date of Birth: _____

Address: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Email: _____

Job History:

Education and Training History:

Therapeutic History (have you been in some form of therapy, when and for how long?):

Pertinent Medical Conditions:

Medications (please indicate all medications you are currently on and what conditions they are for- both physical and mental):

On a separate sheet of paper please answer the following questions:

1. What is attracting you to this program and what are you hoping to get out of it?
2. What are the strengths that you feel you will bring to this program?
3. What do you see as places that you need help to grow?
4. How might these places get in the way of your work in this program and what is your intention for working on these places?
5. Is there anything else that feels important for me to know about you?