

Holistic Coaching/Healing Certification Course

AWAKENINGS INSTITUTE

PERSONAL PROFILE

NAME _____ AGE _____ DATE _____

Course: _____

Please take a few minutes to answer the following questions, so we can best help you to achieve your learning goals.

Current Occupation: _____

Formal educational background (completion of high school, college, etc; major areas of study): _____

Related experience: For any previous training in hypnosis, name school, location, number of hours, & certifying agency:

Reasons for taking course:

personal and spiritual growth ____, new part time career ____, new full-time career ____, continuing education ____,
add skills to current career ____, help family ____, other ____. If other, explain _____

What do you most hope to learn? _____

Any fears or doubts to success with completion and/or achieving goals: _____

Ultimate personal and professional goals: _____

