

Application Form

Return to SELF: 6-Month Intuitive Coaching Course

Date:

Name:

Email:

Phone:

1. What brought you here? Share your story with us:
2. Why do you want to take the Return to SELF Intuitive Coaching Program?
3. What is your experience with intuitive coaching?
4. What type of self-work have you done in the past? Counselling, therapy, sound healing etc? Please elaborate:
5. What do you want to do with this certification? Is it more a journey for you or a certification to support others?
6. Anything else you would like us to know?