

*Application to attend a Heartwork event*

Name of event you are applying for: \_\_\_\_\_

Location: \_\_\_\_\_ Date(s) of event: \_\_\_\_\_

Your name \_\_\_\_\_ Date of birth \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

**Please note the information above will be used for the address lists we will be handing out to everyone. If you do not wish your information shared, please let us know.**

**Payment Options** – Please mark the terms that you choose:

- 50% deposit upon Registration (sending check) –full payment due 30 days prior to event
- 50% deposit upon Registration (enter credit card information below) –full payment due 30 days prior to event
- Full payment upon Registration (sending check)
- Full payment upon Registration via Paypal (send to awakentheheart@gmail.com)
- Full payment upon Registration (enter credit card information below)
- I am interested in applying for a scholarship. Please send me an application. [Please note that scholarships are distributed as funds are available and can only be for up to 50% of tuition fee, excluding room and board)
- I am interested in possible work study for part of my tuition. Please send me an application.
- If you are unable to pay in full at time of registration, please call Annette at 888-340-9865 to discuss a payment plan, or email her at awakentheheart@gmail.com

Credit card information: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ AMEX \_\_\_\_\_ Discover \_\_\_\_\_

Name on card: \_\_\_\_\_

Credit card #: \_\_\_\_\_ Exp. Date \_\_\_\_\_ # on back \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

*This form can be faxed to 888-340-9865 or mailed to:*

*Heartwork Institute, Inc.  
882 Titus Ave.  
Rochester, NY 14617*



5. Are you currently in therapy? Yes\_\_\_ No\_\_\_. If YES, please answer question 5a. If NO, go on to question 6. If you answered YES, you must show a copy of the introductory letter that accompanies this application, as well as this entire application, to your counselor or therapist. Further, you must obtain his/her agreement on page 7, and return with your completed application, in order for you to attend the event. (Please note: It is only necessary for your therapist to see the application, not your answers.)

5a. Please describe what you are there for and what you are working on.

6. Are you now, or have you ever been, involved in a "self-help" program? Yes\_\_\_No\_\_\_. If YES, please describe.

7. Do you have a history of any of the following: depression or intense anxiety, eating disorder, drug/alcohol addiction, psychosis, schizophrenia, mania or any other psychological condition? Yes\_\_\_ No\_\_\_. If YES, please specify condition(s) and date(s), describe your experience(s), and tell us what happens now in relation to these conditions.

8. Have you ever been hospitalized for a psychiatric or psychological disorder? Yes\_\_\_ No\_\_\_. If YES, list dates, conditions of hospitalization, and medications used.

8a. Do you feel that this hospitalization experience will affect your participation in the event?  
Yes\_\_\_ No\_\_\_. Please explain your answer.

8b. Has anyone in your family ever had, been treated for, or hospitalized a psychiatric or psychological condition? Yes\_\_\_No\_\_\_. If YES, please explain.

9. Have you ever attempted to take your life? Yes \_\_\_ No\_\_\_ If YES, please describe the experience(s), including date(s)
10. Have you ever thought of taking your life? Yes \_\_\_ No\_\_\_ If YES, please describe the experience(s), including date(s)
11. Have you ever suffered from childhood abuse? Yes \_\_\_ No \_\_\_ Was this abuse physical? Yes \_\_\_ No \_\_\_ Sexual? Yes \_\_\_ No \_\_\_. Please describe all:
12. Have you ever, or do you now, experience any unusual states of consciousness? Yes\_\_\_ No\_\_\_. If YES, please describe.
13. Please describe any major traumatic experiences in your life. (losses, abuse, accidents, illnesses, etc.)
14. Please list any medications currently being taken for psychological and/or physical conditions. Please specify the condition and list the medications and dosage.
15. Do you have any physical limitations which may affect your participation in the event? Yes\_\_\_ No\_\_\_ . If YES, please describe.
16. Are there present conditions in your life which may be placing you under stress, or which might make participating in this event difficult for you at this time (e.g. recent loss of a loved one, substance abuse/withdrawal, relationship ending)?
17. What substances or behaviors have you been, or are you now, addicted to (including caffeine and nicotine)? Please describe how these addictions have served and/or hurt you.
18. Have you ever been, or are you now, in a treatment program for any addiction? Yes\_\_\_ No\_\_\_. If YES, list dates, and describe.

19. Do you agree not to use alcohol or mind-altering drugs for 24 hours prior to the workshop? Yes\_\_\_ No\_\_\_.
20. Do you agree not to bring to, or use during the event, any alcohol or mind-altering drugs? (This does not refer to medications prescribed by your physician). Yes\_\_\_ No\_\_\_.
21. In the event, you will have opportunities to stretch beyond your perceived limitations, in order to maximize the benefit for yourself and others. Do you intend to enter fully into the event experience, to go after what you are coming for, even though you might be fearful at times? Yes\_\_\_ No\_\_\_.
22. In order for the event to work, each participant must be honest with her/ himself and others. Do you commit to complete honesty at the event? Yes\_\_\_ No\_\_\_.

22a. Will this be difficult for you? Yes\_\_\_ No\_\_\_ . If YES, please explain.

23. While we attempt to make the process as gentle as possible, you may find that the event may uncover emotional distress. Do you take full responsibility for taking proper care of yourself during the event? Yes\_\_\_ No\_\_\_.

Note: If you are currently receiving, or have received, the care of a health provider (physician, counselor, or other practitioner) for any condition which might be affected by an experience of this nature, we strongly recommend that you consult with your caregiver about your participation. We ask that you look into any effects that you might experience, so that any doubt that you might have about participating can be resolved before you decide to attend. It would be advisable to show your caregiver the introductory letter and this application, and any additional information that you have about the Heartwork process.

24. Use this space to share with us any additional concerns or considerations that you may have.

APPLICANT'S STATEMENT:

I have read the introductory letter and have completed this application truthfully and to the best of my knowledge. I understand the purpose and form of the event for which I am applying, and am aware of the notification given to me to consult with my physician, counselor, or other health care provider regarding any adverse effects that my participation may bring about.

Signed\_\_\_\_\_ Date\_\_\_\_\_

**RETURN THIS COMPLETED AND SIGNED FORM ASAP**

**FAX TO (888) 340-9865**

**OR**

**EMAIL TO: [awakentheheart@gmail.com](mailto:awakentheheart@gmail.com)**

**OR**

**MAIL TO: 882 Titus Avenue, Rochester, NY 14617**

THERAPIST'S AGREEMENT:

Dear Counselor or Therapist:

Your client has expressed the desire to attend a Heartwork event. We require that s/he discuss this choice with you, and show you the introductory letter that accompanies this application, as well as this application form in its entirety, pages 1 through 6.

Heartwork events are not intended to replace psychotherapy, but may complement and enhance the therapeutic process. Retreats are not appropriate for all individuals, so if you have any concerns or reservations regarding your client's participation, and need more information, please contact us at your earliest convenience at:

Heartwork Institute, Inc.  
882 Titus Avenue  
Rochester, NY 14617  
888-340-9865

If you have no objections to your client's participation, please indicate your agreement by signing below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_