



2017-2019 TWO-YEAR TRAINING PROGRAM APPLICATION

Name: _____

Date of Birth: _____

Address: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____

Email: _____

How did you hear about the training program?

Job History:

Education and Training History:

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



Please list any physical or emotional conditions that you have been diagnosed with, currently or that you have had in the past:

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

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 us to know about you?

Non-Refundable \$75 application fee required at time of application.

Please mail check and application to: Radical Aliveness Institute,
836 Venezia Ave, Venice, CA 90291.

You will be contacted to begin the interview process after your application and fee have been received.

For more information: 310-751-0606 or email: admissions@radicalaliveness.com.