



APPLICATION

The Radix Institute Certification Training Program

Email: narellemckenzie@internode.on.net

To apply to enter the The Radix Institute Training Program, please complete the information below and the Autobiography of Feeling. Scan and email both to Narelle McKenzie at narellemckenzie@internode.on.net and to Melissa Lindsay, mlindsay@hawaii.rr.com.

Your application will then be considered and an interview will be scheduled either in person or by phone.

Full Name: _____

Address: _____

Telephone:

Home: _____ **Work:** _____

Mobile: _____

Email: _____

Date of Birth: _____ / _____ / _____
month day year

Attach additional pages if necessary to answer the questions on the following pages. Your information in the application and autobiography of Feelings will remain confidential with the training staff.

Radix Personal Growth Work and Training Experience: Present a chronological summary including the approximate number of sessions and the name of the therapist.

Previous non-Radix Personal Growth Work or Psychotherapy: Present a chronological summary including the approximate number of sessions, the name of the therapist and the modality.

Previous Psychotherapy/ Counseling Training

Formal Education

Informal Educational History

Work History

Any Persistent Health Problems or Learning Difficulties

Reference

Please provide the name and contact information of your current Radix therapist or other non-Radix therapist whom we may contact:

Signature_____ Date_____