



**Instructions & Information**

- Complete this form thoroughly.
- Relationship Enhancement Institute will review each application to ensure that participants are prepared for the course.
- Relationship Enhancement Institute will respond to each application within the mentioned timeframe.
- When your application is approved, you will be asked to make payment.
- Please note that prior training in sandplay is NOT required for Sandplay I.

**Name**

**Address**

**Postal Code**

**Nationality**

**Email**

**Telephone**

**Mobile**

**Please indicate which training you like to apply for:**

Sandplay 1

Sandplay 2

**Please list your education, degrees, & clinical license status:**

**Please describe your clinical experience in mental health - setting years of experience, populations served, etc:**

**Please list all sandplay courses you have taken, with whom & approximate dates:**



Please list any sandplay case consultation you have done with whom, dates & type (individual or group):

Do you have sandplay case material from your practice that you would like to share during the 21 hour training “Application of Principles & Theory to Participant Case Work?” Each presenter will make an informal presentation of work from his or her practice from which the group will study. Please describe nature of case + no of slides:

How did you hear about our trainings?

**Confidentiality Agreement**

*By assigning my name hereunder, I agree that if I am accepted to participate in the training(s), I will uphold the highest standards of professional confidentiality, adhering strictly all all times to all laws and ethics governing the protection of client confidentiality.*

*I agree to disguise any and all identifying information during case presentation, and I agree that I will hold confidential any and all clinical material shared during the course of case presentations.*

*I acknowledge that such intensive study of unconscious material requires significant personal growth and transformation and affirm that I am sufficiently physically fit & emotionally sound to undertake this training.*

*I agree to remain responsible for my own well being throughout the training.*

**Name:**

**Date:**

**Signature**