MENTORSHIP APPLICATION FORM



First Name
Surname
Contact Phone Number
Email
QUESTIONAIRE
What previous spiritual training have you previously undertaken?
What do you hope to learn from this mentorship program?
Reason for undertaking this mentorship program?

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QUESTIONAIRE (cont)

Level of experience (Please circle one)

Beginner -have never undertaken any sort of spiritual development Newbie - I have read a little about it but my knowledge is basic Intermediate - I have done a little reading and taken a course or two Experienced - I have undertaken several courses and have worked a little in the field Advanced - Have undertaken several courses and have been working in the field for a minimum of one year.	
Are you interested in one particular area of learning? For example	
Psychic Mediumship Meditation or self-awareness Other (please specify)	
Can you commit to regular sessions? (Fortnightly or monthly depending on your needs)	
Yes No Please Specify	
Add any other information you feel relevant to your application.	

IMPORTANT - Once you have completed this form, please go to File > Save As > Your Name Then simply attach the document you save to an email and send to mail@rebeccaashenden.com.au

Thank you