



"I am delighted to present The Souls Journey Immersion Program: a two-year Spiritual healing school. This program is based on the foundation that true healing occurs as separation—only consciousness is healed and that healing is about relationship with self, God and the world. Healing, as taught in this program, is about relationship to life as it is, rather than a series of techniques. This work will enable students to become openhearted. So, if you are seeking a program with these premises as its core, then immerse yourself in this incredible journey". Kimberly

Application to The Souls Journey Immersion Program is a two-part process consisting of a written application and personal telephone interview. Please complete the application form and return it along with a recent photo to the address below, once your application has been received, Kimberly will contact you regarding the date and time for a personal telephone interview. **This program is a two-year commitment.** Feel free to call Kimberly (404) 364-9668 with questions or concerns about your participation in The Souls Journey Immersion Program.

455 East Paces Ferry Rd
Suite 201
Atlanta, GA 30305
USA
404-364-9668
kcahill9@bellsouth.net

Application

Participant Contact Information (Please Print)

Name:.....
First Name MI Last Name

Address:

City: State/Province:..... Zip/Postal Code..... Country:

DOB..... Age: Marital Status: S M D W (please circle)

Home-Phone:..... Work Phone: Cell Phone:

Your Email address (please print clearly):

Children: Ages:

Emergency Contact (name, relationship and telephone number):

.....

Were you referred to this Program by anyone? If so whom?

.....

Professional/Personal Information

(If you need additional space, please use back of page)

Present occupation and recent work history:

List and describe trainings, degrees and certificates. Please specify dates:

List current and past therapeutic and spiritual sessions/groups you participate in for personal support. Please specify year:

If you have a practice in the healthcare/ healing-helping profession please describe the nature of your practice and years of practice. Attach a resume or brochure if you like:

Why would you like to attend The Souls journey Immersion Program? What is your intention? (If you need additional space, please use back of page)

Is there anything else you would like to share with me?

Please give the name, phone number and your relationship of a professional reference:

Information Health

List present physical problems if any:

List current medications taken and what they are for:

Have you ever been treated for psychological difficulties? If so when and by whom?

List any special needs you may have (e.g., physical impairments):

Personal Attestation

Please read and sign below:

I, _____ hereby affirm that the above application information for The Souls Journey Immersion Program is true and accurate to the best of my knowledge.

Signature:

Undersigned (please Print)

Date

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