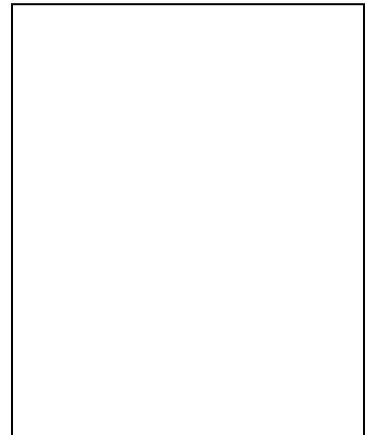


RIM® Institute Professional Program Application Form** RIM® Essentials

Date: _____

Attach a recent photograph of yourself here:



Full Name: _____

Full Address: _____

Phone: Home: () Work: () Cell: ()

Email: _____

Web Address: _____

What is your highest level of education and course of study?

What is your current profession and professional qualifications?

How did you hear about The RIM® Institute: _____

Personal Goal(s) for Attending The RIM® Institute:

- For personal growth and expansion
- To build a RIM® practice
- To use RIM® as an adjunct technique in current profession
- Don't know
- Other _____

Expand upon your personal and professional goals for attending The RIM[®] Institute:

Check which programs you wish to attend?

- RIM[®] Essentials Program
- Certified RIM[®] Facilitator Program

What is it about RIM[®] that attracts you? _____

What is your desired outcome for participating in the program? _____

How do you plan to implement this work in your personal or professional life? _____

What other personal transformational work have you done (please list)? _____

What other professional training programs have you attended (include year, degrees and certifications)? _____

Have you ever been in personal counseling or therapy? Y / N If Yes, why and what was the outcome? _____

Are you currently in personal counseling or therapy? Y / N If Yes, please explain.

Name of Therapist/Psychiatrist: _____ Phone/email: _____

What is your current state of health – physical, mental and emotional? Please list including any significant medical challenges: _____

Are there any financial, emotional, mental, physical or family challenges, mental or medical diagnoses, or anything else we should know that might prevent your full participation in the program? _____

Have you ever been hospitalized for mental health reasons? Y / N

Are you taking medications for psychological reasons? Y / N
If yes, please list? _____

Are you able to travel and attend ALL of the Program seminars? Y / N If No, what prevents you from traveling or attending? _____

How do you plan to finance your Program's financial investment?

Will you receive emotional support from your partner/family to attend and complete the Program? Y / N? If No, why not? _____

What is your greatest fear in participating in this Program? Your greatest vision?

Give three reasons why you have decided that this Program should be part of your personal and professional journey.

**Final acceptance dependent on a phone interview