

**Application Form for
Introduction to Sexual Grounding Therapy©**

Name:

Contact Details¹:

Previous Therapeutic Experience (This information will be helpful to us in structuring the workshop and will be treated as confidential. Just share as much as you're comfortable with revealing at this stage):

What interests you about this Introductory workshop:

I will attend both days of the Introduction to Sexual Grounding Therapy© and attach a cheque for my deposit of £50²

Signed:.....

Please print and return to:

**Geoff Lamb
28 Manning Close
East Grinstead
West Sussex
RH19 2DR**

¹ To comply with current legislation, your details will only be used to let you know about future Sexual Grounding Therapy© work to which this workshop is an introduction. If, at any time, you decide that you don't want to receive any further communication from us, please let us know and we will delete your details and this form.

² If you'd rather return this form electronically and pay the deposit by BACS, please send it to Geoff on geoff231@mac.com and he will send you the necessary bank details.