



# Foundations of Healing Touch – Unit 1

## Instructors:

**Dr Rosalie Van Aken / Susie Nash**

### SYDNEY, NSW

**Date:** 16<sup>th</sup> and 17<sup>th</sup> February 2019 **Time:** 9am – 6pm (0830 day one)

**Venue:** St Lukes, Rosalyn Avenue, Potts Point.

**For more Information:** Susie Nash 0416 146 711

**Email:** susien827@gmail.com

### Course Content:

Energy system concepts related to health

Basics of Energy System – Energy Field and Energy Centres

Framework for a Healing Touch Session

Meditation for Centering

Principles and Practice of Healing Touch

Selected intervention techniques to:

Clear the Energy Field

Connect and Open Energy Centres

Balance the Energy Tracts

Relieve Pain

**This workshop is not only about theory and practice,  
but also a time of healing and nurturing for all that attend ...**

**About Rosalie:** Rosalie has been practising and teaching Healing Touch for over 20 years. She comes from a nursing background and completed a PhD in 2004 studying the effects of Healing Touch on the symptoms of moderate depression.

**About Susie:** Susie has been involved with Healing Touch for 15 years and is looking forward to becoming a qualified teacher.

**Fees: \$440** (full registration)

(early bird reduction of \$40 if registered and PAID IN FULL by 16<sup>th</sup> January 2019)

**\$290 \* concession** (commonwealth health care card holder or student)

**\$150 \*Repeater** \*No early bird for concession or repeater

Comprehensive workbook and morning tea & afternoon teas provided.

**Lunch:** Please bring your own lunch or a plate of food to share.

**Use with Family, Friends, and in the Workplace!**

**ENROL NOW!**

**healingtouch.org.au**

# Course Registration Form

## Foundations of Healing Touch—Unit One

Location: Sydney

Date: February 2019

Given Name		Surname	
Address			
Suburb / Town		State Postcode	
Phone		Mobile	
Email			
<b>FEES DUE</b>			
	Full Fee	\$440	
	Early Bird	\$400	
	Concession	\$290	
	Repeater	\$150	
	2.5% C/Card Fee		
	<b>TOTAL DUE</b>		
	Deposit \$50		
	<b>BALANCE DUE</b>		
Can you bring a <b>Massage Table</b> ?    Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Special Dietary</b> Requirements?			
Consent to be on Participant List?    Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Payment Method</b> Cheque / Money Order                  Direct Deposit                  Credit Card			
Please make <b>cheque payable</b> to: AFHT Inc. Please contact Susie for postal details for cheque and registration form.			
<b>DIRECT DEPOSIT</b>		<b>CREDIT CARD</b>	
BSB: 086275	A/C: 696880025	Card Number	
	Reference: SYD0218	Exp. Date	Amt.
<i>Note: Please include a copy of deposit slip with this form for receipt to be issued</i>		Name on Card	
		Signature	
Please email completed form to: Susien827@gmail.com			
<i>Note: Concession Criteria: Commonwealth Health Care Card Holder OR Full Time Student Copy of relevant card MUST be supplied with registration form</i>			