



Foundations of Healing Touch – Unit 1

Instructor: Susan Ashton

GLADSTONE, QLD.

Date: 9TH & 10TH MARCH 2019 Time: 9am – 6pm (0830 day one)

Venue: 63 Off Lane, Gladstone

For more Information: Eve Jarman, Ph 0409 984 481

Email: evelynjarman@yahoo.co.nz

Course Content:

Energy system concepts related to health	Selected intervention techniques to:
Basics of Energy System – Energy Field and Energy Centres	Clear the Energy Field
Framework for a Healing Touch Session	Connect and Open Energy Centres
Meditation for Centering	Balance the Energy Tracts
Principles and Practice of Healing Touch	Relieve Pain

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



Susan is a Registered Nurse and has been teaching Healing Touch since 2005. She is dedicated to integrating complementary therapies into mainstream health care, and currently coordinates Healing Touch programs in Wauchope and Port Macquarie hospitals. She has many years experience working with groups, teaching professional health care workers, and people interested in a holistic approach to health, and has been on the AFHTI Council for many years.

Fees: \$440 (full registration)

(early bird reduction of \$40 if registered and PAID IN FULL by 9th February 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 –
Please bring your own lunch, a pillow and a light blanket.

Use on Family, Friends, and in the Workplace!

ENROL NOW!

healingtouch.org.au

Course Registration Form

Foundations of Healing Touch—Unit One

Location: **Gladstone**

Date: **9th & 10th March 2019**

Given Name		Surname	
Address			
Suburb / Town		State Postcode	
Phone		Mobile	
Email			
FEES DUE			
	Full Fee	\$440	
	Early Bird	\$400	
	Concession	\$290	
	Repeater	\$150	
	2.5% C/Card Fee		
	TOTAL DUE		
	Deposit \$50		
	BALANCE DUE		
Can you bring a Massage Table ? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Special Dietary Requirements?			
Consent to be on Participant List? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Payment Method Cheque / Money Order Direct Deposit Credit Card			
Please make cheque payable to: ‘Susan Ashton’ and post with this form For mailing details please contact Eve Jarman			
DIRECT DEPOSIT		CREDIT CARD	
BSB: 062618	A/C: 10066752	Card Number	
	Reference: 1GLA0319	Exp. Date:	Amt:
<i>Note: Please include copy of deposit slip with this form for receipt to be issued</i>		Name on Card	
		Signature	
Please email completed form to: evelynjarman@yahoo.co.nz			
<i>Note: Concession Criteria: Commonwealth Health Care Card Holder OR Full Time Student Copy of relevant card MUST be supplied with registration form</i>			