



Foundations of Healing Touch – Unit 1

Instructors:

Dr Rosalie Van Aken / Susie Nash

SYDNEY, NSW

Date: 16th and 17th 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 16th 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			
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: AFHT Inc. Please contact Susie for postal details for cheque and registration form.			
DIRECT DEPOSIT		CREDIT CARD	
BSB: 086275	A/C: 696880025	Card Number	
	Reference: 1SYD0219	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>			