



Foundations of Healing Touch – Unit 1

Instructors:

Dr Rosalie Van Aken / Pam Sainsbury

TOWNSVILLE, QLD

Date: 23rd and 24th February 2019 Time: 9am – 6pm (0830 day one)

Venue: The HUB Creative Space

16 Casey St. Aitkenvale

For more Information: Kristin Wicking 0427 102221

Email: kristin.wicking@gmail.com

Course Content:

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|---|--------------------------------------|
| 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 ...**

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 Pam: Pam is a Certified Healing Touch Practitioner working in aged care with Healing Touch and is training to become an instructor to allow her to teach HT in aged care facilities.

Fees: \$440 (full registration)

(early bird reduction of \$40 if registered and PAID IN FULL by 23rd 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 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: Townsville

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 Kristin for postal details for cheque and registration form. | | | |
| DIRECT DEPOSIT | | CREDIT CARD | |
| BSB: 086275 | A/C: 696880025 | Card Number | |
| | Reference: 1TOW0219 | Exp. Date | Amt. |
| <i>Note: Include a copy of deposit slip with this form for receipt to be issued</i> | | Name on Card | |
| | | Signature | |
| Please Email completed form to: kristin.wicking@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> | | | |