



Energetic Patterns and Clinical Applications – Unit 2

Instructor: Susan Ashton

GLADSTONE, QLD

Date: 16TH & 17TH 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:

- Review Level 1 techniques
- Assessment , interviewing skills, recording observations, documentation
- Applying techniques in clinical settings
- Personal and professional development of the Healing Touch Practitioner
- Selected Intervention techniques
 - Chakra spread in a chair
 - Spiral meditation
 - One hour healing sequence
 - Back techniques
 - Noel's mind clearing

**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)

\$400 (AFHTI member)

(early bird reduction of \$40 if registered and PAID IN FULL by 16th February 2019)

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

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

Comprehensive workbook provided – morning tea & afternoon teas

Please bring your own lunch, a pillow and a light blanket.

Use with Family, Friends, and in the Workplace!

ENROL NOW!

healingtouch.org.au

Course Registration Form

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Location: Gladstone

Date: 16th & 17th 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 | | | |
| DIRECT DEPOSIT | | CREDIT CARD | |
| BSB: 062618 | A/C: 10066752 | Card Number | |
| | Reference: 2GLA0319 | 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> | | | |