

Life Balance Academy

Informed Consent Form

for "The Life Skills Coach Training for Professionals" course

I understand that it is necessary for the "The Life Skills Coach Training for Professionals" course to provide The Life Balance Academy a copy of my Curriculum Vitae (personal resume) and go through an interview that will be scheduled with the staff of the Life Balance Academy (either through Skype or by telephone) in order to be accepted into this program. All information that is forwarded through from you to the Life Balance Academy remains confidential between the Life Balance Academy and myself.

I know that I am responsible for my own learning, mental health and physical wellness.

I understand that if I have any mental health conditions, physical diseases or disorders, issues, problems or bothersome symptoms that will stop me from working with others in a Life Balance, Life Management, Facilitation, Coaching, Counselling or Teaching capacity that my application to be accepted into this program may not be approved at this time.

I understand Lois Pinsent, Certified Trainer of Life Skills Coaches, and the Life Balance Academy will hold my identity and specific information about me in the strictest confidence, except when released by me in writing or specifically required by law.

I understand that I may discontinue the training, or any portion of this training at any time. By signing below, I acknowledge that I have read and understand this form and have received acceptable answers to all of my questions.

Client Name: (print) _____

Address: _____

City: _____

State/Province: _____ Postal Code: _____ Country: _____

Phone: _____ Cell Phone: _____ Email: _____

Date: _____

Applicants Signature: _____

Name if other than applicant: _____

Relationship to the applicant: _____