



THE WISDOM SCHOOL OF S.O.P.H.I.A

APPLICATION FORM, PART II

SHAMAN, **O**RACLE, **P**RIEST/ESS, **H**EALER, **I**NTUITIVE AND **A**LCHEMIST

The Wisdom School of S.O.P.H.I.A includes an in-depth journey of personal discovery which can bring up intense feelings, emotions and memories. This questionnaire is an assessment tool that will help you and us to get to know you better. Please answer to the best of your ability, as this will enable us to support you during your course of studies and facilitate your personal interview. **All material is confidential.**
(Please use back of sheet or second sheet if necessary.)

PLEASE TYPE OR PRINT CLEARLY:

Are you currently experiencing any serious health challenges? _____

Are you on any medications or supplements? _____

Have you ever been or are you now under a psychiatrist's or psychotherapist's care? _____

When? _____ How long? _____ Diagnosis _____

Any medications? _____

How long? _____ Do these affect your ability to function? _____

Do you have any personal history of abuse or trauma? _____

What have you done / are doing to resolve these issues? _____

Have you ever been addicted to drugs or alcohol? _____ Please explain _____

What is your current status? _____

How have any of the above challenges affected your life? _____

Write a few sentences describing how you perceive yourself. (Use a separate page if necessary) _____

Name and Address of partner and children if applicable. _____

Contact in case of emergency (name, relationship, address, phone number) _____

I affirm that all the above statements are true. False information can be grounds for dismissal from S.O.P.H.I.A

Print Name: _____ Date: _____

Signature: _____