

# APPLICATION FOR VISION LAB PROFESSIONAL CONSULTING & EVOLUTION PROGRAM

*A collaborative mentorship for yoga & healthcare professionals to bring action to ideas*

**Please email this completed application form in a PDF or WORD Doc attachment to [nicolem@finebalanceyoga.ca](mailto:nicolem@finebalanceyoga.ca)**

**Name:**

**Email:**

**Phone:**

**Emergency Contact (Name, phone & relationship to you):**

1. What is your deep down wish for the outcome of this program?
2. Do you have a project or vision in mind that you would like to bring to this session of the Vision Lab? If so, tell me about your vision. Be as specific as you can. If not, what has inspired you to apply?
3. Describe why you would be a great candidate for the Vision Lab. Why do you feel that a customized mentorship program is right for you at this time?
4. What are your expectations of yourself during this program?
5. What do you do for a living?
6. What are some of the challenges you are faced with in meeting your goals?
7. What are your expectations of me?
8. Are you teaching yoga somewhere (private/public)?
9. Are you a graduate of a previous training with Nicole? If so, which training(s) & what year?
10. Is there anything else you would like to tell me about yourself before we chat on the phone?

*Please note that this form is confidential and will not be shared with anyone else for any reason*

