



Application for the West Valley Counseling Center Life in Transition Workshop - 2024

Name: _____

Age: _____

Home Address: _____

Phone: _____

Email Address: _____

How did you learn about the workshop? _____

Have you attended a previous Life in Transition (LIT) workshop? Yes No

If so, when: _____

Occupation: _____

Would you need Continuing Education credits? If so, please provide professional license # and type of license/s: _____

Would you need any special accommodations during your stay or is there anything that we should know prior to your attendance? Yes No

If "yes", please explain: _____

Do you have any food allergies or special dietary needs? Yes No

If "yes", please describe _____

Please list any current medication(s): _____

Have you ever been hospitalized for psychiatric treatment? Yes No

If "yes", please provide brief information and dates of hospitalization:

Do you have a therapist? Yes No

If "yes", is your therapist supportive of your attendance in the workshop? Yes No

Please provide name, address, and phone number of therapist: _____

**at the end of this form there will be a consent to release of information form in order to speak with your therapist prior to the workshop. Please review, sign, and attach with your application - thank you*

Reason for attending workshop: _____

What losses either current or past bring you to this workshop? _____

WAIVER: I understand my participation in this program, externalization and other related activities, is voluntary. It may involve my emotions in a manner which might subject me to emotional distress. I agree to accept such risks and assume the responsibility of emotional distress and/ or other effects thereof. Further, I release West Valley Counseling Center and Sharon Burnett, PhD, MFT and other staff from all claims made by me or on behalf of me (or my estate) by reasons of illness or damages arising from attendance or participation in the workshops and /or related activities. This release includes the waiver of any responsibility by the above named individuals and/or groups also in the case of negligence.

Signature: _____

Date: _____

Additional Information:

There will be a minimum of 15 and maximum of 25 participants per workshop. Please register early as the workshop will fill up fast. To reserve your space, complete and sign all pages and submit in person, via email or mail your completed application and \$500 deposit (Venmo payment is also available) to:

West Valley Counseling Center 18226 Ventura Blvd,#202

Tarzana, CA 91356

For questions about registration or about the workshop process, please contact Sharon Burnett at sharon@westvalleycounseling.org or 818-609-8703 OR Atiya Malik at atiya@westvalleycounseling.org or 747-239-5177.

*A follow up letter will indicate your acceptance and confirmation to this workshop, as well as suggestions of what to bring. Thank you for your interest in participation.