



The Living Centre
5871 Bells Rd.
London, ON, Canada
N6P 1P3
www.thelivingcentre.com
519.652.0230 • 519.652.9109
info@thelivingcentre.com

Application Form

Please fill out and submit in PDF format to info@thelivingcentre.com

Personal Information

Full Name: _____ Phone number: _____

Email address: _____ Age: _____

Any health concerns or mobility needs we should know about?

Food Allergies and/or Food Preferences:

What experience do you have that is relevant to this program?

How did you hear about this program?

Word of mouth

Google

Facebook

Different online source: _____

Other: _____



References

We ask that you provide three references: professional, personal & academic.

Name of professional reference: _____

Email address of professional reference: _____

Phone number of professional reference: _____

Name of personal reference: _____

Email address of personal reference: _____

Phone number of personal reference: _____

Name of academic reference: _____

Email address of academic reference: _____

Phone number of academic reference: _____

Letter of Interest

In a letter format, tell us your story:

- 🌱 How do you identify? (gender identity, ethnic background, sexual orientation, class, anything that you feel makes you who you are)
- 🌱 What questions are alive in you that determined your decision to participate in this program?
- 🌱 What are your current places of challenge, growth, and excitement?



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- 🌱 What are some of the most important gifts you bring to the world? Do not be modest.
- 🌱 What kinds of formative educational, work, and travel experiences have you had?
- 🌱 Please share with us a personal triumph in your life. Tell us about a serious defeat or setback. Describe what you gained from both.
- 🌱 Have you had moments of despair for society/the Earth? What triggered them and how do you deal with them? What do you draw on as a source of hope and optimism for the planet?



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Co-creating a shared story:

- 🌱 What is your intention in participating in this program?
- 🌱 What do you hope to offer to this program? What do you hope to receive?
- 🌱 What needs would you like to share to help your time in the program feel safe, welcoming, and accessible for you?
- 🌱 Any concerns, doubts or fears you may wish to share?
- 🌱 Is there anything else you'd like to tell us?



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A Basic Agreement

We ask each participant to help ensure the safety and well-being of everyone involved in this program. **Please do not bring or use any non-prescription drugs or alcohol during this program.** We want to co-create as safe, welcoming and open environment as possible. Because we do not know each other's histories, experiences, sensitivities, or challenges around drugs and/or alcohol, we ask that you exclude them for the time we spend together. By applying for this program, you are agreeing to honour this agreement.

Thank you for your interest. We look forward to connecting with you further.

In Kinship,

Lorena & Shantree