Doorway to Success Program Application

Course start date _____ **Duration** 2 days **End Date** to be scheduled individually

Course Location (city/prov.) _____ **Instructor** _____

Please send this completed form to your Doorway to Success Program Instructor (see contact info in footer). You will be contacted to schedule an in-person or telephone interview. Your personal history is held in strictest confidence. Basic admission requirements for applicants: 19 years of age by the first day of instruction or high school graduate (or equivalent) and speak, read, write and comprehend English (or French in the French version).

Applicant's Full Name _____

Date of Birth _____ **SIN #** _____

Phones: Home _____ **Bus**_____ **Cell/Pager** _____ **Fax** _____

Mailing Address _____ **Email** _____

_____ *(Optional)* **Gender** M ☐ F ☐

_____

1. Education:
I have completed: grade _____ ☐ grade 12 ☐ College/University ☐ Other ☐

Please specify highest level of post secondary education and certificates, degrees or diplomas awarded:

_____

_____

2. *(optional)* I am: Married ☐ Divorced ☐ In partnership ☐ Single ☐

3. *(optional)* I have _____ children. Ages and gender _____

4. Are there any physical limitations/challenges that would have to be addressed to make you more comfortable in this course?

If yes, please give details _____

_____

As Core Belief Engineering assists you in making changes at deep levels of your mind, we ask that you answer the following questions:

5. Are you currently consulting with a: Counselor/Psychotherapist yes ☐ no ☐
Psychologist yes ☐ no ☐
Psychiatrist yes ☐ no ☐

If yes, please give details _____ _____

_____

Doorway to Success Program Application © Core Belief Engineering Ltd. – all rights reserved
College of Core Belief Engineering – 15459 Semiahmoo Avenue, White Rock, BC V4B 1T7
Phone: (604) 536-7402 – Fax: (604) 536-0804 – Toll Free 1-888-771-3707 – Email: ccbe@shaw.ca

6. Have you ever consulted with a: Counselor/Psychotherapist yes ☐ no ☐
Psychologist yes ☐ no ☐
Psychiatrist yes ☐ no ☐

If yes, please specify when and for what reason? _____

_____

_____

7. Are you at present on any medications prescribed by a Psychiatrist or Medical Doctor? Yes ☐ No ☐

If yes, please provide the name, dose and frequency of the medication. If necessary attach list.

Name _____ Dose_____ Frequency _____

_____

8. Are you comfortable discussing personal issues in a confidential, closed group setting? Yes ☐ No ☐

_____

9. What are your reasons for coming to this course? _____

_____

_____

_____

10. What do you hope to achieve from this course? _____

_____

_____

_____

_____

Signature of applicant _____ Date _____

If you are under 19 years of age wishing to become a student, you must attach a copy of your high school diploma (or equivalent) to this completed application form.

Please mail or fax this form to CBE Head office at the address below.

Doorway to Success Program Application © Core Belief Engineering Ltd. – all rights reserved
College of Core Belief Engineering – 15459 Semiahmoo Avenue, White Rock, BC V4B 1T7
Phone: (604) 536-7402 – Fax: (604) 536-0804 – Toll Free 1-888-771-3707 – Email: ccbe@shaw.ca