



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

International Personal Empowerment Program (IPEP)

Application Form

Applicant information

Name: Surname:

City: Country:

Date of Birth: / / Email Address:

Contact Number (s):

Sexual Orientation (optional): Gender Identity (optional):

Occupation:

Dietary Requirements: Meat eating
 Vegetarian
 Vegan

Allergies:

Motivate your intention for participating in IPEP:

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How did you hear about the IPEP? :

Have you ever participated in personal development programs before? YES NO

If yes, please state:

Type of program:

Institution that offered the program:

How long was the program? In which year did you complete the program?

Have you ever been in therapy / treatment for any of the following? :

- Trauma
- Drug & Alcohol abuse
- Depression
- Anxiety
- Mental Disorder
- Other

If you ticked 'yes' for any of the above, please provide us with the following:

Name of therapist:

Name of institution:

Contact details of therapist:

In which period did you finish your therapy? Month: Year: Current:

The International Personal Empowerment is an intensive program that requires you to stand off 3 hours per week every week and 3 weekends over 3 months. Would you have the time and mental capacity to do this course during? :

- January – March or
- April – June or
- October – December

I acknowledge that the information provided in this application is factual and to the best of my knowledge.

Signature of applicant: Date of application: