

This PDF contains fillable form fields. You will need the latest version of Adobe Acrobat available at Adobe.com to use the fillable form fields. **It is also acceptable to print this PDF, fill out the fields, scan and email or e-fax your answers to application@touchedbyahorse.com.**



Touched by a Horse Certification Program Application

Each person has their strengths and weaknesses. This application will give us an idea of where you feel you are at the start of the program. **Prior experience is not required** – we look forward to working with all levels of students and providing them with the tools they need to be successful. Please describe any experience you might have with horses, coaching/therapy, somatics and/or business. We will be in touch once we have had the opportunity to process and review your application.

PERSONAL INFORMATION

First Name: _____

Last Name: _____

Date of Application: _____

Email Address: _____

Phone Number: _____

Street Address: _____

City, State, Zip Code: _____

Country: _____

Time Zone: _____

EXPERIENCE AND EDUCATION

Highest Level of Education: _____

Degree (if any): _____

School(s) Attended: _____

Have you completed any certifications, skills, training or workshops other than with horses that you feel are applicable to this program? If so, please describe: _____

Have you ever facilitated OR led a group process? _____

Co-facilitated? _____

Are you a licensed therapist? (no prior experience required)

If yes, what type of practice? _____

Have you ever worked with a professional coach? _____

Are you already a coach? _____

If so, please tell us about your experience: _____

If yes, what type and where did you train? _____

Have you ever owned your own business: _____

If so, please tell us about your experience: _____

Do you have any training or experience in Somatics? _____

If yes, please explain: _____

What does it mean to you to “partner” with horses? _____

Do you have any prior experience with horses? _____

If so, what kind of horsemanship skills do you have? _____

Do you own your own horse or horses? (**Owning your own horse is not required before, during or after the program**) _____

What is it about the Equine Gestalt Coaching Method (EGCM) that inspires you to apply and participate in this 2 - year certification program? _____

Is there anything else you would like for us to know about you that would assist us in determining your acceptance to Touched by a Horse?

How did you hear about Touched by a Horse? If you were referred by someone we kindly ask that you share their name with us so we can offer our gratitude! _____

Please scan/email to: application@touchedbyahorse.com

Or fax to: 303-449-5973