

# Natural Transitions' End of Life Transition Guidance Training

Please provide the following information

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Contact Phone \_\_\_\_\_

Contact Email \_\_\_\_\_

Website \_\_\_\_\_

Gender \_\_\_\_\_

Age \_\_\_\_\_

What is your motivation for taking this training?

What has been your experience of being with people who are dying?

Have you experienced being with someone after they have died?

Have you attended a home funeral? If so, please give a brief explanation.

Are you considering completing the full 3 levels of training?

What is your intention regarding using the knowledge you will gain? Please explain from a personal viewpoint and/or professionally.

Please share any dietary preferences/restrictions (dairy-free, gluten-free, vegetarian, vegan, etc).