

Explore

The Explore Training: Outline and Questionnaire

Thank you for your choice to participate in the Explore Training. It has been our privilege to work with thousands of people who, like yourself, are committed to exploring new horizons and taking action that profoundly impacts the quality of their lives. You have embarked on an important educational experience, and an exciting journey awaits you.

Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Work Phone: _____

Occupation: _____

Employer: _____

Workshop Location: _____ Workshop Date: _____

Referred by: _____

Workshop Schedule

Wednesday **Registration: 6 pm to 7 pm**
Session: 7 pm to midnight

Thursday **6:30 pm to midnight**

Friday **6:30 pm to midnight**

Saturday..... **10 am to 10:30 pm**

Sunday **10 am to 7:30 pm**

Follow-Up Session **1 1/2 hour appointments**

Introductory Evening..... **Registration: 7 pm to 7:30 pm**
Session: 7:30 pm to 10:30 pm

Follow-Up Session

1 to 1½ hour appointments are scheduled on Sunday of the training for the week following the workshop. The Follow-Up Session involves reviewing what was accomplished during the 5-day session, examining the opportunities you see for the future as a result of the workshops, and preparing you for the completion of the Explore Training. We also discuss where you are in relationship to attending the Realize workshop.

Introductory Evening

Approximately 4-9 days after you complete the 5-day session there will be an Introductory Evening for your friends, family and associates. Registration 7 pm. Session: 7:30 pm to approximately 10:30 pm.

Workshop Times

All workshop ending times are approximate.

Please read this entire form carefully, even those sections you may believe do not apply to you, and answer all the questions completely. Your form must be completed before you can begin the workshop. If you have any questions or require clarification about any of the material presented here, please call our office.

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Structure of the Explore Training

The Explore Training is an action-oriented, experiential learning program that calls for your full and committed participation. The format of the workshop includes the following elements:

Interactive Discussions

The trainer will speak about various subjects relevant to contemporary adult life, and he/she will suggest points of view about these subjects. The purpose is not for you to agree or disagree with what is said, but rather to assist you in observing how you participate in the experiential aspects of the workshop.

Dyads

A dyad is a one-on-one interaction with another participant. You may be asked to answer a series of questions, tell a story, complete sentences, or assume a particular body stance. You will have the opportunity to look directly at specific personal issues, and to support your dyad partner in doing so.

Mingles

A mingle exercise involves milling around the room having short interactions with many people. The communication you have with other people during a mingle is structured.

Small Group Exercises

At the start of the workshop you will be assigned to a small group. Throughout the workshop, you will meet frequently with your group to discuss and share what you are learning, and to engage in specific exercises.

Closed-Eye Processes

The trainer will lead the group in guided visualizations. Music and dimmed lights may be used to facilitate relaxation.

Games

The group may play games to reveal the competitive and cooperative strategies people use, and to illustrate group dynamics versus individual commitment.

Sharing

You will strengthen your communication skills by speaking about what you are learning, and listening to the experiences of others. Such sharing may occur one-on-one, in small groups, or in front of the entire workshop group.

Interactions with the Trainer

The trainer's perspective is that you are capable of dealing effectively with the circumstances in your life, that you are striving for peak performance, and that a stance of personal responsibility is more effective than one of being powerless in the face of life's demands. Interactions with the trainer are intended to be an opportunity for you to examine your assumptions, and you may feel challenged, anxious, or uncomfortable.

Homework

At the close of each day, you will be given a homework assignment due at the following session. The homework is designed to help you reflect on your insights, bring greater clarity to what you are learning, and prepare for the next day's session.

Food and Rest

During the 5-day workshop, it is important that you get sufficient rest and nutritious food. Every 2 to 4 hours there will be a break. In addition, there is a meal break daily for approximately 1 1/2 hours. Be sure to eat a sustaining meal each day before coming to the workshop.

Your Participation

The Explore Training provides a unique learning approach in which participants engage honestly, directly and effectively with issues at the heart of their lives. The Realize Training addresses all dimensions of human nature: intellect and emotions, body and spirit.

Obviously, the experience of the workshop is unique to each individual, and we cannot promise that you will be comfortable at all times. We recognize that some people may wish to avoid any experience of sadness or discomfort. Therefore, if in reading the course outline you have a concern about your ability to participate fully in the face of possible discomfort, we recommend that you reconsider your participation in the workshop at this time.

Those who benefit most from our programs are adults who have already attained a certain measure of accomplishment and learning. We have no way to tell if New ERA Training is appropriate for you or exactly what effect some portions of the workshop may have on you. The information and questions on this form are designed to provide you with details about the structure of the workshop and to ensure that your choice to participate is deliberate and informed. This form will help you decide whether New ERA is right for you at this time.

Ground Rules

The purpose of Ground Rules is to assist a large group of people in working cooperatively within a consistent framework. The Ground Rules are integral to the success of the Realize Training. On the first day of the workshop, the trainer will review the Ground Rules and ask that you agree to follow them as a condition of continuing in the workshop.

1. Maintain confidentiality of other participants' experiences and the exact nature of processes.
2. Be on time. Prior to the beginning of each session, and after each break, we play a piece of music which lasts approximately one minute. You must be seated before the music ends.
3. Attend the entire workshop session, including the 1? hour follow-up session and the guest event.
4. Do not side talk. Ask questions, talk and share only during designated sharing periods.
5. Do not smoke, eat, chew gum, or drink beverages inside the workshop room.
6. No alcohol or mood-altering drugs are to be used during the workshop session including the follow-up session and guest event.
7. Be responsible for your well-being. This includes getting sufficient food and sleep during the workshop, and taking any prescribed medications on schedule.
8. Wear your name tag in a visible location during workshop hours.
9. Do not record or take notes in the workshop room.
10. Turn off cell phones and pagers while in the workshop room.
11. Do not sit next to someone you know.

General Information

Workshop Participation

During the first day of the Explore Training a standard release form will be presented to you. You may request a sample of this form from our office at any time. By signing this form you will be agreeing to assume full responsibility for your participation in the workshop and agreeing not to take legal action against New ERA.

Money Back Guarantee

We at New ERA have confidence in the value of the Explore Training. The more you participate in the workshop, the more valuable your experience will be. If you complete the 5-day workshop and are not satisfied with your experience, you may request a refund of your tuition. Your written request must be postmarked, or in the hands of a center staff member, within 24 hours of completing the workshop.

Disclaimer

The Explore Training is an experiential education program designed to enhance personal effectiveness. It is not intended to be a substitute for therapy or any kind of counseling. New ERA is not a psychological support group or therapeutic environment.

New ERA workshops are beneficial for the vast majority of participants in terms of increasing personal effectiveness and overall satisfaction in life, but should not be taken to resolve emotional problems for which therapy or similar treatments are generally used. New ERA staff are not trained mental health professionals and they are not trained to provide treatment to an emotionally or psychologically distressed person. People who mistake New ERA workshops for an alternative to therapy may experience adverse consequences. If you have, or believe you may have a problem requiring psychological treatment, please do not attend any New ERA workshops. We urge you to consult a qualified professional.

Childhood Trauma

If you were traumatized in childhood by physical or sexual abuse, or other extreme emotional violence, we urge that you not attempt to resolve such early life traumas by participating in New ERA workshops. New ERA workshops are not designed to help you sort out these issues or alleviate the consequent suffering you may be experiencing. If you have such problems, we suggest you seek an appropriate professional setting in which to address them.

Alcoholism and Chemical Dependency

To maximize the value of the workshop, you will be asked not to ingest alcohol or mood-altering drugs for the duration of the Explore Training. If you are dependent on alcohol or non-prescription drugs, we recommend you not participate in the New ERA workshops. New ERA workshops are not designed to help you with problems such as alcoholism or chemical dependency.

Right to Exclude

New ERA trainers reserve the right throughout the entire workshop to exclude participants from the workshop for any reason.

Confidentiality

New ERA cannot guarantee confidentiality of the participants in the workshop.

Workshop Schedule

Please schedule yourself to attend all aspects of the Explore Training including the Follow-Up Session and Guest Event. Workshop ending times are approximated and the sessions may end earlier or later than posted.

Personal Questionnaire

Confidential Health Information

The information you provide here will enable our staff to better support your participation. Please be aware that New ERA does not screen participants, and that this form is not a psychological screening tool.

It is not possible for New ERA to predict any participant's experience. If, during the workshop, you find yourself feeling uncomfortable to a degree that you think is excessive, you should report this immediately to the trainer or to a staff member.

If you have any question about the appropriateness of your participation at this time, please consult a professional. In some cases, as instructed in the next section of this form, we require that you do so in order to participate in the workshop.

- ① **Gender** male female

If you are pregnant which trimester are you in? _____

If you are in your first or second trimester, we request that you consult with your physician before deciding to participate in the Explore Training, and make your decision accordingly. If you are in your third trimester, you may not participate in the Explore Training.

- ② **How many hours of sleep do you normally get?**

- 6 or less 6 – 7 7 – 8
 8 – 9 9 or more

- ③ **Have you had any therapy /psychological counseling prior to a year ago?**

- Yes No

If yes, give the appropriate beginning and ending dates. _____

- ④ **Are you currently in therapy?**

- Yes No

Have you been in therapy within the past year?

- Yes No

If yes, give the appropriate beginning and ending dates. _____

- ⑤ **Have you ever been hospitalized for psychiatric care or for a mental disorder?**

- Yes No

If so, when? _____

- ⑥ **Are you currently taking any medications commonly used to treat emotional illness, such as compazine, eskalith, haldol, lithium, mellaril, navane, prolixin, prozac, stelazine, taractan, triavil, or others?**

- Yes No

If so, please describe: _____

- ⑦ **Have you ever had a nervous breakdown?**

- Yes No

If yes, when? _____

- ⑧ **Do you have any physical limitations which are likely to be an obstacle to your participation?**

- Yes No

If so, please describe: _____

Section A & Section B

If you answered "Yes" to question 4 above, and "No" to questions 5, 6 and 7, read and follow the directions in Section A. If you answered "Yes" to questions 5, 6 or 7, read and follow the directions in Section B.

continued on following page...

Emergency Contacts

Name: _____

Relationship: _____

Day Phone: _____

Evening Phone: _____

Name: _____

Relationship: _____

Day Phone: _____

Evening Phone: _____

Section A

If you answered **“yes” to question 4** in the Personal Questionnaire section, indicating that you have been in therapy during the last year, we require that you discuss with your therapist the advisability of taking New ERA training at this time.

We also urge you to fully express to your therapist any concerns you may have, and listen closely to any concerns your therapist may have for you. We strongly recommend that you follow your therapist's advice as to whether or not this is an appropriate time for you to take a New ERA workshop. If your therapist requires more information about New ERA training, he or she is welcome to review this form, and/or contact New ERA.

Once you have spoken with your therapist, please complete the following:

I have talked with my therapist, (please print therapist's name)

and asked his/her opinion about my participation in the New ERA workshop. My choice to participate in the New ERA workshop at this time is made with the benefit of my therapist's advice.

Participant's Signature: _____

Date: _____

Verification

I hereby acknowledge and attest that I am 18 years of age or older. I have thoroughly and carefully read the information contained herein. I understand it, and I have answered all the questions fully and truthfully. I take full responsibility for my participation in the Explore Training.

Printed Name: _____

Signature: _____

Section B

If you answered **“yes” to questions 5, 6 or 7** in the Personal Questionnaire section, we recommend that you not participate in New ERA workshops. We are not qualified to assess your current state of health, nor do we offer the kind of expert assistance that may be required in the event you have a problem during the workshop. If, despite our recommendation, you want to participate, you must consult with your counselor, therapist or physician and obtain his/her signature on the following “Therapist/Physician's Release” before you begin the workshop.

Therapist / Physician's Release

To be signed by your Therapist or Physician if you choose to participate in the Realize Training against our recommendation.

Dear Counselor or Doctor:

Your client has expressed the desire to participate in the Explore Training. We require that he/she discuss this choice with you.

We believe that those who benefit most from participating in our courses are healthy people whose lives are already working well. Our programs ask participants to examine many of the central concerns of modern adult life in relation to their own lives and their ability to produce effective action. The courses are interactive and experiential, not conceptual or abstract. Therefore, a student's emotions are likely to come into play as they engage in the process of self-examination. We encourage direct communication and honesty from all participants. During the workshop many participants find that they are able to remember and confront issues they do not feel comfortable dealing with in their day-to-day lives. While this is valuable for most, it may not be appropriate for some individuals.

We feel it is important for you and your patient together to determine the appropriateness of his/her participation. New ERA workshops are not conducted by trained mental health professionals and are not for those with problems that should be addressed in therapy.

The structure of the workshop calls for a great deal of activity and participation. If your patient has a medical condition or physical limitation that may be affected, please take note of the structure and the hours of the workshop.

We request that you review and discuss the information contained in this Outline and Questionnaire with your patient. If you feel that your patient's participation is appropriate, please sign below indicating your willingness to allow your patient to participate in the Realize Training.

Please feel free to call us with any questions or concerns you may have regarding the New ERA workshops.

Therapist's Signature: _____

Date: _____

Printed Name: _____

Address: _____

Telephone: _____



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Your completed form is the property of New ERA Trainings.