

APPRENTICESHIP INTAKE

form

Name	Date, time, place of birth
Address	
Phone	Email
Tell me a little about yourself and what brought you to this program at this moment. How did you choose me as your teacher?	

On a scale of 1 - 10, rank your level of knowledge of astrology:

1	2	3	4	5	6	7	8	9	10
Beginner									Expert

Have you ever experienced a learning-based mentorship or apprenticeship before? What did you like/not like about the process?

Please describe your previous self-study or workshops/classes in astrology:

What are your goals/intentions for this process and educational experience? How would you like to use this information?

What brought you to this program right now? Are there any major events happening in your life? Any major physical or emotional struggles about which we may need to be sensitive?

Is there anything else you'd like to share before we start working together?

Let's go!!