



# neurozone®

OPTIMIZING THE BRAIN/BODY SYSTEM

Welcome to Neurozone®!

## RE: Neurozone® Coach Certification

We are proud of our product and want to ensure that it retains its value when distributed and coached, therefore we want to ensure that we partner with the best qualified candidates for the task.

Certification as a Neurozone® Coach will enable you to:

- Purchase Neurozone® FourCore Reports and Group Reports to resell to your clients;
- Coach your clients on the recommendations contained in the Reports.

Please take note that this certification will not qualify you to facilitate Neurozone®'s neuroscience-based training, nor co-brand any Neurozone® Product.

Please complete the following information in full, with as much detail as possible:

<b>First Name</b>	
<b>Surname</b>	
<b>Gmail address</b> (this is a pre-requisite as we use google drive for course documentation and Business toolbox after course completion)	
<b>ID Number / Social Security Number</b>	
<b>Referred by</b>	
<b>Tertiary Qualification</b>	
<b>Institute Obtained</b>	
<b>Coaching Qualification</b>	
<b>Institute Obtained</b>	
<b>Coaching Experience</b> (in years)	
<b>ICF Accreditation</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (please specify)
<b>Modalities used</b> (i.e Enneagram, MBTI)	

DIRECTORS: DR ETIENNE VAN DER WALT, PAUL THEODOSIO, TONY KIRTON, JONATHAN RENS, BRIAN KANTOR, MEL MILLER



<b>Your typical coaching clients</b>	<input type="checkbox"/> Individuals <input type="checkbox"/> Teams <input type="checkbox"/> Individuals & Teams
<b>Your typical client level</b>	<input type="checkbox"/> CEO & EXCO level <input type="checkbox"/> Senior Management <input type="checkbox"/> Middle Management <input type="checkbox"/> Junior Management <input type="checkbox"/> Talent Pipeline <input type="checkbox"/> Organizational Interventions
<b>Area of coaching expertise</b>	<input type="checkbox"/> Health & Wellness <input type="checkbox"/> Executive <input type="checkbox"/> Business <input type="checkbox"/> Leadership <input type="checkbox"/> Performance <input type="checkbox"/> Medical <input type="checkbox"/> Life / Personal <input type="checkbox"/> Career <input type="checkbox"/> Other (please specify)
<b>Clients whom you have engaged with</b>	
<b>Primary Contact Number</b>	
<b>Mobile Contact Number</b>	
<b>Business Address</b>	
Town	
Country	
Postcode / Zip code	
<b>Business Legal Name (for invoice)</b>	
<b>Business Registration Number</b>	
<b>VAT Registration Number</b>	

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Neurozone will not be liable for any delay, failure, violation or non-compliance with its obligations under these Terms if such delay, failure, violation or non-compliance is beyond the reasonable control of Neurozone.

Kind regards,

NEUROZONE®

Per: Dr Etienne van der Walt

I \_\_\_\_\_, hereby confirm that I have read, understand and agree to the content of this document, that all information provided is true and correct and that I meet the requirements to become a Neurozone® Certified Coach.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

