



**Certified Life Scene Investigator™
Personal Information and Enrollment Form**

Name: _____ D.O.B. _____

Address: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email address: _____ @ _____

Website: www. _____

Why are you interested in the Life Scene Investigation (L.S.I.™) Certification?

Where did you learn about L.S.I.™ and the L.S.I.™ Coach Certification Programs?

Which Forensic television programs have you watched and/or currently watch? List.

How familiar are you with the C.S.I. television programs? How often do you watch C.S.I.?

What, if any, interest do you have in Forensics and the Forensic Process?

What do you know about Positive Psychology? Have you attended any *Positive Psychology* courses, lectures, read any books, articles or watched any programs about Positive Psychology? Please elaborate and provide specific examples.

Have you read any of the *Gallup StrengthsFinder* books? (Now Discover Your Strengths, Go Put Your Strengths to Work, StrengthsFinder 2.0) Which? Have you received any training from Gallup?

If you have performed the StrengthsFinder or 2.0, what are your 5 Signature Strengths?

What has been your experience in working with people in a coaching, counseling, managing, supervising, people-helping setting?

Based on your current knowledge of L.S.I.™ why do you believe you can become a successful Certified Life Scene Investigator™ or Forensic Life Coach™?

What are you exceptional at? Where have you demonstrated exceptional capacity?

Who could you use as a witness to these exceptional capacities? These should be people you can use as references for your application to become certified with L.S.I.

Where are you currently using your exceptional capacities? How do you believe you can become more effective in utilizing your strengths?

Have you done any Coach Training: Life, Corporate, Other? Please specify.

What is your educational background? Schools/Degrees/Certifications, etc.

School	Degree/Certification	Dates Attended

Please list two references/witnesses, who will be able to talk about your capacities and abilities to become a Certified Life Scene Investigator[™]. These are people who know you, have observed you and are able to specifically give credible evidence that you should be admitted to the Certified Life Scene Investigator[™] program.

Name: _____ Phone: _____
Email: _____@_____

Name: _____ Phone: _____
Email: _____@_____

I give permission to a Life Scene Investigation employee to contact the abovementioned people to obtain information about me personally for my enrollment to the Certified Life Scene Investigator™ Program

My decision to participate in the L.S.I. coach certification program is a personal decision. No one has made any promises or warranties as to the results or benefits I will receive or as to any specific results I will realize from my participation in these courses.

I am committed to participating fully in each course and to fulfilling the course requirements outlined in the course syllabus. I understand that this includes attending all class sessions, conference calls, watching all DVD/Video modules, reading all textbooks and articles, performing all the recommended tests and profiles, completing all homework assignments, and supporting my fellow students as requested. Additionally, I will strive to demonstrate proficiency in executing the curriculum, through supervision, as well as accepting guidance to enhance areas requiring improvement.

I understand that this program is **not therapy or psychological counseling** and is not a substitute for the treatments or services ordinarily provided by health care professionals for physiological or psychological complaints. L.S.I.™ is based on a health and asset model not a disease or deficit model. If I desire therapy or psychological counseling, I will seek it from a licensed provider.

I am well, physically and emotionally, and commit to being responsible for my own well-being during the course of this program. I understand that the training and techniques in this program are being taught for my personal benefit and for my certification to teach and coach other people.

I understand and agree that only upon successful completion of the Life Scene Investigation Certification Programs will I be considered to be professionally trained and eligible to become a licensed provider to teach others in the *Life Scene Investigator – Design Discovery™*

I further understand and agree that upon completion of my certification as a Certified Life Scene Investigator™, I must license the use of the L.S.I. Coaching materials from L.S.I. Inc.

I affirm that I have answered all questions on The L.S.I. Application form honestly and fully disclosed all information requested. I assume all risk associated with participating in this program and release the course instructors, workshop leaders, Life Scene Investigation Inc (L.S.I.), its owners, affiliates, employees, and agents from, and shall defend, indemnify, and hold them harmless from and against, all liabilities, claims, actions, losses, causes of action, and costs in any way arising out of my participation in the program. I release the course instructors, workshop leaders, Life Scene Investigation Inc (L.S.I.) from any liability for injuries due to their negligence occurring now or in the future, during or after my participation in this program. I understand my application for this program must be accepted before I am confirmed to register.

I understand that refunds for these courses are subject to the L.S.I. Training add/drop policy. This policy is: Classes dropped before the start of the second class meeting/conference call (pre-seminar requirements) will receive a full tuition refund minus an administrative and materials fee. Classes dropped after the second class meeting and before the start of the third class meeting/conference call (pre-seminar requirements) will receive an 80% refund of tuition plus an administrative fee. Classes dropped after the start of the third class meeting/conference call (pre-seminar requirements) will not receive a refund.

I understand that I am responsible for notifying the instructor if I choose to drop any course or leave any part of the certification process without completing them. I also understand that the conference calls, seminars and anything I share may be recorded for training purposes.

I understand that all written communications pertaining to my participation in this course may be shared among faculty and staff members (including volunteer staff and mentors) for training and evaluation purposes.

I have read and understand this agreement fully and intend to be legally bound by it. My signature below constitutes my acceptance of the conditions expressed in this agreement.

Print Name: _____ Date: _____

Signature: _____ Place: _____

www.lifesceneinvestigation.com