



## Mentoring Experience Application Form



Yes, Yannick, I want to start changing families's life in my community by taking care of ADHD children and positioning myself as a trusted brain wellness advisor.

### Personal Information

Full name : \_\_\_\_\_

Business name : \_\_\_\_\_

Mailing address : \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_ Zip : \_\_\_\_\_

Country : \_\_\_\_\_

Business phone : \_\_\_\_\_ Home phone : \_\_\_\_\_

Primary email : \_\_\_\_\_ Website : \_\_\_\_\_

### Billing information

Credit card type: \_\_\_\_\_ Name on credit card: \_\_\_\_\_

Credit card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

3 digit security code: \_\_\_\_\_

I hereby allow Dr. Yannick Pauli's Centre Wellness NeuroFit to process my credit card for a one time payment of USD 997.

Signature: \_\_\_\_\_

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## Professional background

Year and school of graduation? \_\_\_\_\_

How long have you been in practice? \_\_\_\_\_

How many visits do you see per week? \_\_\_\_\_

Percentage of children? \_\_\_\_\_

Number of hours seeing patients per week? \_\_\_\_\_

Number of managerial hours per week? \_\_\_\_\_

Do you currently see ADHD children? ☐ No ☐ Yes, how many? \_\_\_\_\_

Describe your adjusting style: \_\_\_\_\_

Do you have a specialty practice? \_\_\_\_\_

Do you use the Insight Subluxation Station? \_\_\_\_\_

Check the box that most define your objectives with the program?

1. ☐ Start seeing ADHD kids or  
☐ Getting better results with ADHD kids
2. ☐ Seeing ADHD kids in my chiropractic practice (chiropractic only), or  
☐ Seeing ADHD kids in my chiropractic practice while adding other natural strategies, or  
☐ Launching a complete "ADHD Wellness Program"
3. ☐ Keep doing what I do and attract more ADHD children  
☐ Want to become a true "brain wellness" advisor and maven in my community.

Please describe the current marketing strategies you are using consistently in your office:

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Do you use any Internet strategies to market yourself? (describe which and how effective):

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## Goals, motivation and productivity profile

Describe the number one reason why you want to join the Mentorship Experience?

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Describe the 3-5 major goals you would like to achieve with the Mentorship Experience (include one financial goal):

1. 

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2. 

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3. 

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4. 

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5. 

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Describe the reason(s), constraint(s) or obstacle(s) that would prevent you from playing at 100% in the Mentoring Experience:

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Describe why you feel you deserve to be part of the Mentoring Experience:

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Describe what you think you can bring to the table (personal assets) for the Mentoring Experience participants:

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List 3-4 "mentors" who have shaped your thinking and who you are:

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Select what best describe you:

- ☐ I am a disciplined self-learner and action-taker
- ☐ I usually learn and act when someone holds me accountable
- ☐ I start things but have a hard time getting them done or finishing them.

List any other comment you would like to add that would allow me to know you better and serve you better:

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