

[\[Click here for the Google doc\]](#)

[YOUR BUSINESS / PRACTICE NAME]
[ADDRESS LINE 1]
[ADDRESS LINE 2]
[CITY, POSTCODE]
[COUNTRY]

[CLIENT NAME]
[CLIENT LOCATION]

Date: [INSERT DATE]

Dear [CLIENT NAME],

It was a pleasure speaking with you and discussing where you are currently and what you would like to shift moving forward through the Trauma Reverse Transformation Program.

Our consultation call gave me a very good understanding of what you are looking for and where you would like me to focus throughout your transformation journey. We discussed the following:

A. Areas for Exploration:

(Practitioner to customise based on the client's needs)

- **[Theme / Goal 1]:** [SHORT DESCRIPTION]
- **[Theme / Goal 2]:** [SHORT DESCRIPTION]
- **[Theme / Goal 3]:** [SHORT DESCRIPTION]
- **[Theme / Goal 4]:** [SHORT DESCRIPTION]
- **[Theme / Goal 5]:** [SHORT DESCRIPTION]

B. Suggested Program Focus:

(Practitioner to customise depending on the length of the program)

- **Months 1-3:** [FOCUS OF FIRST PHASE]

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- **Months 4-6:** [FOCUS OF SECOND PHASE]
- **Months 7-9:** [FOCUS OF THIRD PHASE]
- **Months 9-12:** [FOCUS OF FOURTH PHASE]

As I am a Trauma Reverse Practitioner in Training, I am offering the initial 6 sessions as part of my learning and development. Please note that notes, video, and audio recordings may be used for certification and supervision purposes.

Should you wish to continue with further sessions after the initial 6 sessions, we can discuss this upon completion of the programme.

As a result, I am delighted to confirm your appointment for the initial phase of the Trauma Reverse Transformation Program with me, [YOUR NAME].

Sessions last between 1.5 to 2 hours, and will be customised according to your individual needs and the focus of the work.

For the sessions, it is best to block out additional time before and after the session to allow space for reflection, grounding, and integration.

At times, sessions may be divided into shorter sessions or combined into longer sessions depending on the depth and focus of the work. These arrangements will always be agreed in advance.

C. Your First Appointment: Onboarding & Life History

Date & Time: [INSERT DATE, TIME & TIME ZONE]

Location: [ZOOM / IN-PERSON / VENUE DETAILS]

Zoom Link: [INSERT LINK]

Meeting ID: [INSERT ID]

Passcode: [INSERT PASSCODE]

Location offline: [ADDRESS WITH PINCODE AND / OR POSTCODE]

Landmarks: [ADD ANY RELEVANT LANDMARKS]

Google map: [ADD THE GOOGLE MAPS LINK]

Closest public transportation: [METRO LINE, BUS NUMBER]

Parking options: [ADD INFORMATION ABOUT PLACES TO PARK]

I have also sent you a confirmation message via WhatsApp.

During the first appointment, I will complete the onboarding process, explain how the program works, and answer any questions you may have. We will then go through a detailed life history and establish the approach for the program and sessions. If you wish, I can also share a summary report afterwards.

The same Zoom link / location may be used for future appointments unless otherwise informed.

We agreed to schedule the following 6 sessions on a weekly basis, are as follows:

Date & Time: [XXX]

Date & Time: [XXX]

Date & Time: [XXX]

Date & Time: [XXX]

Date & Time: [XXX]

Date & Time: [XXX]

Midway through the initial block of sessions, we will review progress and adjust the focus of the sessions where required.

In between sessions, additional resources or practices may also be shared to support your healing and transformation journey.

D. Modalities & Approaches:

I am trained in a range of therapeutic, coaching, healing, and transformational approaches which may include:

- Emotional Freedom Techniques (EFT)

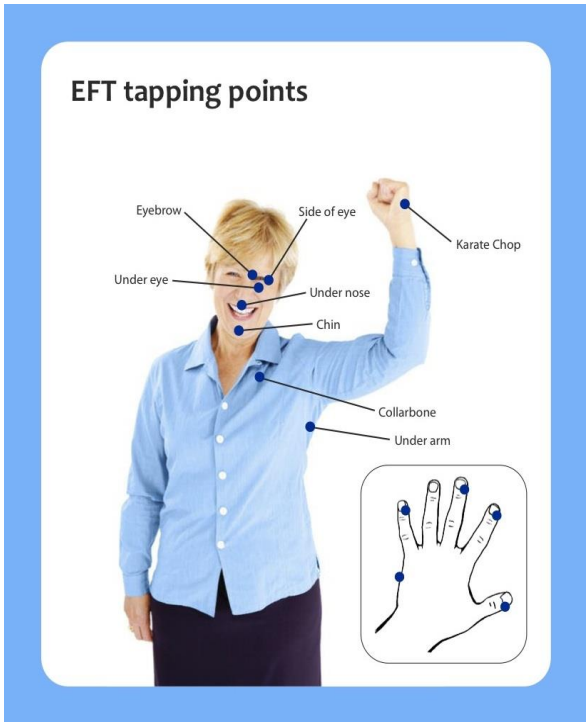
- Inner Child Matrix (ICM)
- Energy Flow®
- Questions Mastery
- Breakthrough Coaching
- Neuro-Linguistic Programming (NLP)
- Hypnosis

During the sessions, I work intuitively and select the methods most appropriate for your needs unless you specifically request a particular modality.

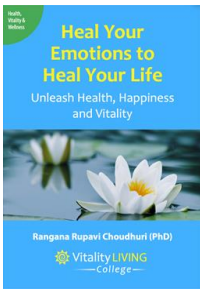
Here are some points that might support you in preparation for your session:

- Once the appointment gets booked, some people find that they have more emotions come up. This is completely natural - just welcome them.
- On the day of the appointment, you might like to drink more water than normal, and hydrate throughout the day. This will help flush out any toxins after the session.
- It's best to avoid stimulants like caffeine, nicotine, and alcohol prior to your sessions, as these stimulants inhibit the ability to feel your emotions.

- In case your appointment is online, have some water and tissues ready, should you need it.
- With EFT, ICM & Energy Flow®, we will be touching the tapping points on the face, so do wash your hands with soap and water prior to sessions (this is in line with the safe touch COVID procedures).
- After the appointment some people feel tired and want to rest, whereas others have more energy than normal.
- In case your body needs rest, plan your schedule accordingly to be able to have some time out afterwards.
- After the session it is advised to eat healthy and nourishing foods that support your body to heal, regenerate and renew.
- We will be using the EFT Tapping points during our session (shown above), and if you are not already familiar with EFT, I will explain the points in our first session.




E. Helpful Resources:

Technique	What is it?	Free booklet
EFT with Inner Child Work	Clinically proven to lower anxiety, stress, physical tension, cravings, negativity, traumatic past events, fears and phobias creating health, vitality and confidence.	 <p>https://vitalitylivingcollege.info/how-to-gain-emotional-freedom-and-peace/.</p>

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<p>Energy Flow®</p>	<p>Somatic based techniques to regulate emotions, calm the nervous system and vagus nerve.</p>	 <p>https://vitalitylivingcollege.info/unlock-the-healing-power-of-energy-flow/</p>
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F. Free of Charge Case Study Practice Sessions:

We have agreed to a program of X sessions, which are normally priced at £XXX / \$ XXX / INR XXX, but you will get them at **no charge** as part of my learning, development, and practice case study work.

As I shared previously, I have completed training in a therapy named **Trauma Reverse with Master Trainer Dr Rangana Rupavi Choudhuri (PhD)** at *Vitality Living College*.

Full details of the course I attended are here:

<https://vitalitylivingcollege.info/training-seminars-trauma-reverse-practitioner-with-eft-fast-track-inner-child-energy-flow/>.

As a Practitioner-in-Training, referred to as Practitioner from now on, with [Vitality Living College](#), I adhere to a code of conduct and a set of guidelines and terms. These are outlined below, and attendance of your first session means you have also read, understood and agreed to them.

I will be taking some quiet time prior to the sessions and might not be able to pick up the phone. I will see you on the day of our session on [LOCATION] / [ZOOM, GOOGLE MEET, SKYPE OR WHATSAPP].

If you have any questions, please do give me a call on [ADD YOUR PHONE NUMBER WITH COUNTRY CODE].

Warm wishes,

[PRACTITIONER NAME]

[QUALIFICATIONS / TITLE]

[PHONE]

Trauma Reverse Practitioner-in-training

G. Terms and Guidelines:

Attendance of your session confirms that you have also read, understood, and agreed to the disclaimer, informed consent, privacy policy, and terms outlined below prior to the commencement of your program.

Here are the full list of the guidelines and terms that you and your Certified Practitioner and/or Practitioner-in-Training (referred to as Practitioner from now on) have agreed to. <https://vitalitylivingcollege.info/one-to-one-transformation-sessions/>

In summary:

- **Disclaimer:** Sessions are intended as coaching, emotional wellbeing, healing, or transformational support and are not a substitute for medical or mental health diagnosis or treatment.
- **Confidentiality:** You & your Practitioner agree to keep the session(s) confidential.
- **Record Taking Consent:** You agree that your sessions are recorded and sent to the Trainer for evaluation and give consent to recording via notes, audio, and video.
- **Informed Consent:** You agree to provide consent for the consultation calls and therapeutic sessions with ICM, EFT, Energy Flow[®], and Trauma Reverse with Questions Mastery, and have read the information on the treatment, <https://vitalitylivingcollege.info/how-to-gain-emotional-freedom-and-peace/>.
- **Data Information and Privacy:** Your sessions are private and are governed by our Privacy Policy and Data Protection Declaration.
- **Indemnity:** You agree to keep VLC harmless from the acts of the Practitioner.
- **Dispute Resolution:** In case of any dispute, we shall amicably settle such disputes between each other, unless the need to take some legal measures arises.

- **Contact:** If you have any questions about your session or the above information, please contact us on [ADD YOUR PHONE NUMBER WITH COUNTRY CODE]

Additional Client Declaration, Wellbeing & Safeguarding Statement:

By confirming your participation in this program, you acknowledge that you are not currently experiencing active suicidal intent, plans, or immediate risk of harm to yourself or others. If you are under the care of a medical professional, psychiatrist, psychologist, counsellor, therapist, or mental health team, you agree to continue any prescribed treatment or support alongside this program.

If at any point you experience thoughts of harming yourself, feel unable to keep yourself safe, or experience a mental health crisis, you agree to seek immediate support from appropriate medical, mental health, or emergency services in your local area.

As part of ethical and safeguarding responsibilities, the Practitioner reserves the right to pause, postpone, refer, or discontinue sessions if it is believed that a higher level of care, specialist mental health support, crisis intervention, or medical assistance is required beyond the scope of this program.

Where there is a serious concern regarding immediate safety or risk of harm to yourself or another person, appropriate safeguarding action may need to be taken in line with legal, ethical, and professional responsibilities.

Participation in this program confirms that you understand, accept, and voluntarily agree to the above.

About Your Practitioner in Training – [YOUR NAME]

[INSERT SHORT PRACTITIONER BIOGRAPHY]

Example:

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[Practitioner Name] is passionate about supporting individuals through emotional healing, self-discovery, personal growth, and transformation. Using a compassionate, client-centred approach, they integrate therapeutic, coaching, and wellbeing-based techniques to help individuals navigate emotional challenges, build resilience, reconnect with themselves, and create meaningful change in their lives.



More Information: Get free booklets on EFT Tapping Therapy, Coaching & Confidence, <https://vitalitylivingcollege.info/free-resources/>.