

Berkeley Psychic Institute



Of Berkeley

Clairvoyant Program Interest Questionnaire

Name: _____

Address, City, State, Zip: _____

Home Phone / Cell Phone: _____ / _____

Email: _____ Date of Birth: _____

How did you find out about the Berkeley Psychic Institute?

What activities have you participated in at BPI?

Readings_____Classes_____Workshops_____Healing Clinics_____Fair_____.

Please list all completed 6 week classes: _____

What was the most exciting/rewarding thing that has happened to you since you first came to BPI?

Do you have friends, family or relatives in BPI? If yes, who?

Have you had other psychic, spiritual, religious or other awareness oriented training?

Why are you interested in the clairvoyant program?

Have you had any psychic experiences in the past? What were they? How did that go, how did you feel, were you afraid, excited, did you feel like you were in control of the situation? Did you have someone you felt safe enough with to share that incident? What did they say? How did they react? Were they supportive?

What else is going on in your life in general - career, relationships, money, health. Did your psychic experiences have any effect in those parts of your life?

What results or objectives would you like to achieve in your life? Ideally, where would you like to be in your life 12-24 months from now?

What's in the way of achieving those goals? What do you think might slow you down, stand in your way or stop you from getting what you want?

If you could overcome these challenges and move effortlessly toward your goals, what would that be like for you?

Part of our Clairvoyant Training Program is designed to increase awareness of the importance of Community and giving back. As such, we require that each student donate three hours of their time per week, helping out in some way. It could be helping to keep our space clean, help with Data Entry, making posters, etc. Please let us know what talents you have, what you enjoy doing. How would you be willing to lend a helping hand? For online students, please be aware that certain tasks can only be done in person. Be specific. What skills do you have? What kind of programs and/or computer applications are you versed in? Do you know how to work with websites; graphic design, ect. ?

Filled out this date, _____

Month, Day, Year

Revised 3/23/2021