**Center Of Innovation For Leaders**

**2572 21th str Sacramento, Ca 95818**

**Office: 916-812-8012**

Client Coaching Application

To give you the best coaching conversations possible we need to ask you a few questions. We aim to give you coaching that is specifically tailored to your individual needs and wants.

When you have filled out this form, please email it immediately to [contact@centerofinnovationforleaders.com](mailto:contact@centerofinnovationforleaders.com), in the subject line: COACHING APPLICATION. We hold the information you disclose on this worksheet as private.

Date:

Name:

Email address:

Address:

City:

Zip:

Telephone number/ cell phone:

Allow yourself the benefit of some relaxed, uninterrupted time to complete this form. Be as open and honest as you can.

Warm greetings,

Mooniek and Team

1. What four events have been most significant to you from age 21 to the present? (Life or work.)

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2. Which 3 leaders do you most admire and why?

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3. What are your 2 strongest resentments? (Life or work.)

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4. What are your 2 biggest regrets? (Life or work.)

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5. Which 3 roles, in order of their importance to you, do you most identify with right now? (1,2,3= first, second, third)

\_\_\_ Your work self \_\_\_ Your student self \_\_\_ Your intellectual self

\_\_\_ Your family self. \_\_\_ Your fun self \_\_\_ Your physical self

\_\_\_ Your spiritual self \_\_\_ Your emotional self

\_\_\_ Other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. What kinds of personal growth seminars, trainings or other work have you done in the past or are you involved with now? What books on personal growth have impacted you?

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7. Are you now or have you ever been in therapy? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

If “yes” for how long, what issues were addressed and would you consider the therapy successful?

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8. Are you under the care of a physician? If yes, please explain and list any medications that you take.

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9. What do you consider your top 3 personal strengths to be?

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10. What are the 3 things you like least about yourself?

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11. What are 5 leadership aspects that you want to develop?

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12. Is there anything else you would like to share with us in order to feel complete?

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Thank you, please email this form to [contact@centerorinnovationforleaders.com](mailto:contact@centerorinnovationforleaders.com) with in the subject line: COACHING APPLICATION. We will get back to the email you provided above.

Thank you!

Warm greetings,

Mooniek Seebregts and Team