

**W.O.D. Consultation Form**  
9 Month Training Program

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number (s): \_\_\_\_\_

D.O.B: \_\_\_\_\_

Please indicate which of the 8 spheres of influence you are called to dominate

- Business    Government    Media    Arts & Entertainment  
 Education    Family    Religion    Science & Technology

Are you

- In Ministry    Called to Ministry    Entrepreneur    Housewife    Don't Know  
 Other \_\_\_\_\_

Please state your present areas of life that needs strengthening:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you consider the 3 most immediate areas that needs attention:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you hope to accomplish at the end of this program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On a scale of 1-10, what is the level of necessity for this program?

\_\_\_\_\_

What made you choose W.O.D.'s 9 month training program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_