

# EQUINE ASSISTED LEARNING

## CLIENT INFORMATION

www.freereinwellbeing.com.au

0497 199 202



### Contact Information

Full Name:

Address:

Phone/Mobile:

Email:

Emergency Contact Name:

Relationship to Emergency Contact:

Emergency Contact Number:

### Employment/Education Information

Title

Employer/Education

Phone (Work):

What do you do in a normal day:

### Personal Information

Date of Birth:

Relationship/Marital Status:

Previous Coaching/ Counselling/  
Experiential Learning Sessions:

**Yes/No**

If Yes: What was helpful or unhelpful...

What brings you to Equine Assisted Learning

What is your experience with horses

What do you want to be different in your life

What are your current challenges

What do you consider to be your greatest strengths

How do you support, strengthen and/or nurture yourself	
What activities have meaning and heart for you?	
What motivates you	
What do you believe to be your most important values? Do you believe you are living congruently with your values?	
How do you respond when you are in a really challenging situation?	
<b>Learning Goals</b> What are your top 5 goals, either short or long term, at the moment:	1 2 3 4 5
What do you want to focus on in our Equine Assisted Learning Sessions	
<b>Challenges</b> What are your top 5 challenges at the moment	1 2 3 4 5
<b>Focus Areas</b> What are your major objectives or gains that you wish to achieve from Equine Assisted Learning	
Is there anything else you would like to say	

\*\* Please Note:

- Prior experience with horses is not required.
- Dress appropriately for an outdoor session with flat, enclosed comfortable shoes or boots
- Consider Sunscreen, Hats or Rainproof Jackets/shoes where and when appropriate.