Coaching Connection Circles Interest Form

|  |  |  |
| --- | --- | --- |
| 1 | Name (First, Last) |  |
| 2 | Address (City, State, Zip) |  |
| 3 | Business Name |  |
| 4 | Email address & phone number |  |
| 5 | Coaching Area of Focus (*check all that apply*)   * Career * Divorce * Executive * Health & Fitness * Leadership * Life Vision & Enhancement * No Specialty * Relationship * Small Business * Spiritual * Mentor Coaching * Other |  |
| 6 | Topics of Interest (*check any that apply*)   * Marketing/BD/Partnerships * Peer Consultation – discussing clients/cases * Techniques * Coaching Skills/Approaches, for example (but not limited to)   + Positive Intelligence (PQ)   + Brene’ Brown   + Marshall Goldsmith   + Emotional Intelligence   + Core Energy (iPEC)   + Other * Coaching Situations – “how to”   + Reluctant clients   + Not engaged clients   + Other * Succession Planning for your business * Other (fill in/comments box) |  |
| 7 | Would you want to be matched with local members (so you could meet in person if the group agrees)? (Y/N) |  |

One completed, please email to: *office@icf-cf.com*

Circle assignments will be communicated to all interested participants the first week of July.