

RCM RECORDED Online Advanced Survivors' School of Healing

Part B: Ritual Abuse Dynamics

April 12—May 1, 2021

Purpose:

Part B of the Advanced Survivors' School of Healing provides a roadmap for understanding and pursuing freedom from the human, spiritual, and control dynamics of ritual abuse.

School Facilitator: Diane Hawkins, President of Restoration in Christ Ministries

Logistics:

The recorded school will be available 24/7 from April 12—May 1, allowing you the freedom to watch the recorded segments on your own schedule. The total time is approximately 18 hours and will consist of devotions, teaching sessions, demonstration videos, and Q & A time.

A live, 2-hour, Q & A webinar with Diane will be available on each Saturday (April 17, 24, May 1) at noon Eastern time to give you an opportunity to ask questions.

You will receive:

- A link for each day of the school and a password for access.
- A separate link for the live Q & A webinars with Diane, which will be sent on April 16.

For our liability concerns and the commitment we have made to the survivors whose live ministry demonstrations are shown, we request that you do not share the website links that you will receive with any person other than your designated support partner.

Registration deadline is April 5th in order to allow time for receipt and completion of prerequisite materials.

Who May Attend:

The school is open to all ritual abuse survivors, counselors, and prayer ministers who are currently on RCM's mailing list or who can be recommended by someone who is. All survivors must also meet the qualifications specified on page 2. Every survivor must have a support person attend with them unless authorization is obtained otherwise.

Prerequisites:

These are required for all survivors as well as for counselors and prayer ministers serving as support people or attending alone in order to get the most benefit from the school.

- Attendance at a Basic **Survivors' School of Healing**
- *Spiritual Warfare I* and *II* Webinars (Recordings can be ordered and viewed on our website.)
- *Ancestral Bondage* CD (available for purchase on our website)

Cost:

Registration: \$150

This cost applies to survivors and counselors or prayer ministers attending alone or serving as support people.

No charge for spouses or friends serving as support persons.

Scholarship help is available upon request.

Spiritual Warfare I and *II* Webinars (prerequisite)

\$10 each for survivors

\$20 each for counselors/prayer ministers

Ancestral Bondage CD (prerequisite) \$7

Qualifications for Survivors

Please note that these guidelines are designed to protect the well-being of the survivor and to assure the smooth operation of the school for the benefit of all attendees. We regret that these criteria may prevent some survivors from attending the school.

1. Survivors must have received ministry for ritual abuse for at least 6 months.
2. Survivors must be on our mailing list or be recommended by someone who is.
3. Survivors must obtain their therapist/prayer minister's agreement to their coming and assessment of their need for a support person to attend with them. Survivors without a therapist or prayer minister must obtain this from their pastor, home group leader, or other approved third party (preferably not a family member).
4. Survivors must not be easily overwhelmed or triggered in listening to ritual abuse dynamics.
5. Survivors must recognize that this school is taught from a Christian perspective and a relationship with God will be stressed in this school. They must be able to handle this.

Anyone perceived to be unable to handle the material presented or making inappropriate use of the chat box during the live Q & A sessions will be blocked from further attendance.

If you have any questions about qualifications, contact Sheila at information@rcm-usa.org or 540-249-9119.

If you have any questions about registration or payment, contact Joy at rcmoffice@rcm-usa.org or 540-249-1027.

**LIVE RECORDED ADVANCED ONLINE SCHOOL—PART B – April—May 2021
Survivor Registration Form**

Name of DID survivor: _____

Country attending from: _____ Phone: _____

E-mail address: _____

Name of Support Partner: _____

If not on the RCM mailing list, I am being recommended by: _____

E-mail address: _____

Please **INITIAL** (do not check) your agreement with each of the following statements that apply:

- ___ I acknowledge that I am a ritual abuse survivor.
- ___ I affirm that I have received ministry for ritual abuse for at least 6 months. (Contact RCM for any variations.)
- ___ I feel that I am able to meet the survivor qualifications listed on page 2.
- ___ I will not allow any unregistered persons to attend the school with me.
- ___ I will not record or download any portion of this school in any format.
- ___ I will keep all identifying information from the ministry sessions and videos I watch confidential.
- ___ I acknowledge that I am viewing this school by my own will and that RCM has not promised any guaranteed results from it. I hereby release RCM and Diane Hawkins of all liability for any results obtained, either positive or negative.

I will use the following log-in designation for myself: _____

We need to know your log-in designation so that we can verify that you are registered and allow you to enter the Zoom meeting.

Survivor Signature: _____ Date: _____

I am paying for:

- ___ **Part B: Ritual Abuse Dynamics** \$150
- ___ I will pay double the above prices to cover myself and my support person.
- ___ *Spiritual Warfare I* and *II* Webinars (prerequisite) \$20 total
- ___ *Ancestral Bondage* CD (prerequisite) \$7
- ___ Total amount due
- ___ I would like to apply for scholarship help to pay for part of this amount.

Method of Payment (Circle one): Phone (540-249-1027) — Enclosed check — Credit card as follows:

Name on Card: _____
Credit card No.: _____ CVV _____ (3-digit security code on back)
Expiration Date: ____/____ (We do not take Discover Card .)
Signature: _____

Please **print** and **mail** to: Restoration in Christ Ministries, PO Box 479, Grottoes, VA 24441
or **FAX** to 540-249-9716 or **scan** and **e-mail** to rcmoffice@rcm-usa.org.

LIVE RECORDED ADVANCED ONLINE SCHOOL—PART B – April—May 2021
Survivor Authorization Form

Please give this page to the person who will approve your fitness to attend this school and have him or her **INITIAL** (do not check) each of the following statements that apply and sign below:

Name of Ritual Abuse Survivor: _____

_____ This survivor has received ministry for ritual abuse for at least 6 months.

_____ I believe this survivor is not likely to be overwhelmed or triggered by material presented on **ritual abuse**.

_____ I believe this survivor should have a support person attend the school with him/her.

_____ I believe this survivor should have a support person available "on call" during this school.

_____ I believe this survivor will be able to handle the material presented on **ritual abuse** without having a support person present.

For survivors who are currently in treatment:

Therapist/Prayer Minister: _____ Date _____

Print Name: _____ Email: _____

For survivors who are not currently in treatment:

Pastor/Home Group Leader: _____ Date _____

Print Name: _____ Email: _____

Other: _____ Date _____

Print Name: _____ Email: _____

Please describe relationship with survivor:

—

Please **print, sign,** and **mail** all pages to:
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or **FAX** to 540-249-9716
or **scan** and **e-mail** to rcmoffice@rcm-usa.org.

LIVE RECORDED ADVANCED ONLINE SCHOOL—PART B – April—May 2021

Support Partner Registration Form

Qualifications

1. Must be familiar with DID and ritual abuse and have had some experience in working with a ritual abuse survivor when they switch, are triggered, or have a demonic manifestation
2. Must be comfortable in offering appropriate support to the survivor, who might feel a range of emotions in response to the teachings, including confusion, frustration, sadness, depression, despair, anger, anxiety, or agitation
3. Must be able to attend all sessions with the survivor and make sure he/she is in a stable condition before leaving him/her.
4. Must be fully available during all sessions if designated as an "on call" support person.

If you have any questions about qualifications, contact us at information@rcm-usa.org or 540-249-9119.

Please **INITIAL** (do not check) your agreement with the following and sign below:

- I affirm that I meet the above stated qualifications.
- I agree not to record or download any portion of this school in any format.
- I will keep all identifying information from the ministry sessions and videos I watch confidential.
- I will not allow any unregistered persons view any part of the school.

I will use the following log-in designation for myself: _____

We need to know your log-in designation so that we can verify that you are registered and allow you to enter the Zoom meeting. We also need the country you are in: _____

Support Person Signature: _____ Date _____

Printed Name: _____

E-mail address: _____ Phone: _____

Name of person you will be supporting: _____

I desire to register and to pay for:

Part B: Advanced Primary Identity Approach \$150

I will pay double the above price to cover myself and my survivor.

The survivor I am supporting is paying for my expenses.

Spiritual Warfare I and II Webinars (prerequisite) \$40 total

Ancestral Bondage CD (prerequisite) \$7

_____ Total amount due

I would like to apply for scholarship help in paying some of this.

Method of Payment (Circle one): Phone (540-249-1027) — Enclosed check — Credit card as follows:

Name on Card: _____
Credit card No.: _____ CVV _____ (3-digit security code on back)
Expiration Date: ____/____ (We do not take Discover Card .)
Signature: _____

If you have questions about registration or payment, contact Joy at rcmoffice@rcm-usa.org or 540-249-1027.

Please **print, sign, and mail** to: Restoration in Christ Ministries, PO Box 479, Grottoes, VA 24441
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**LIVE ONLINE ADVANCED SURVIVOR SCHOOL—PART B – April/May 2021
Counselor/Prayer Minister Attending Alone Registration Form**

Name: _____

E-mail address: _____

Country attending from: _____ Phone: _____

Please check: I am a licensed counselor. _____ I am a prayer minister. _____

If not on the RCM mailing list, I am being recommended by: _____

E-mail address: _____

_____ Check here if you would like to apply for a partial scholarship.

Please **INITIAL** your agreement with the following and sign below:

_____ I will not allow any unregistered persons to view any part of the recorded school or the live Q & A webinar.

_____ I agree not to record any portion of this school in any format.

_____ I will keep all identifying information from the live ministry videos I watch confidential.

_____ I acknowledge that I am viewing this school by my own will and that RCM has not promised any guaranteed results from it. I hereby release RCM and Diane Hawkins of all liability for any results obtained, either positive or negative.

Dated this _____ day of _____, 20____

(Signature)

(Print name)

Please **print, sign, and mail** to:

Restoration in Christ Ministries, PO Box 479, Grottoes, VA 24441

or **FAX** to 540-249-9716

or **scan** and **e-mail** to rcmoffice@rcm-usa.org.