

# 2012 Bert Hellinger & Sophie Hellinger The New Family Constellation Workshop 28 April ~ 2 May, Hong Kong

The responsible organization for processing this application: Institute for Systemic Constellations  
THE SOLUTIONS GROUP Registration No.: \_\_\_\_\_  
(Fill in by organizer)

Please carefully read, complete and sign the below form and Agreement Letter.  
The below personal information will only be used as reference material for this workshop. It will be kept confidential.

Name (Chi): \_\_\_\_\_ (Eng): \_\_\_\_\_ M  F

Occupation: \_\_\_\_\_ Residence Location: \_\_\_\_\_

Phone (O): \_\_\_\_\_ (H): \_\_\_\_\_ (M): \_\_\_\_\_

Email : \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Please select workshop:**

The New Family Constellation Workshop, April 28 – 30 (3 days)

The New Family Constellation Workshop AND

Training To Learn Family Constellation, April 28 – May2 (5 days)★


Total Payment Amount : \_\_\_\_\_ Payment Date: \_\_\_\_\_

★Attending both workshop (28 April ~ 2 May five days) will count as attend one Training Course by Hellinger Scienza®.

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Please answer the following questions:

Have you ever suffer from psychological illness or severe physical illness? If yes, please declare and elaborate:

If you are currently receiving treatment from councillor, psychologist, psychiatrist, or under medication, or you have recently received treatment from hospital, please declare and elaborate:

If you have health issue which require special care, including pregnancy, high blood pressure, heart disease, asthma, or respiratory disease, please declare and elaborate:

Other information that may concern the organizer and the workshop facilitator, please elaborate:

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**Agreement Letter**

I understand the main nature of this workshop is of education purpose.

I understand the level of benefit receive from this workshop depends on my personal level of involvement, and will accept full responsibility on it.

I understand and accept the right of selecting case belongs to the facilitator, and will cooperate with the workshop organizer.

I understand and accept I may be invited to be a representative in a case, and have the right to accept or decline such offer.

I understand and accept the organizer will take photos and video recording during the proceeding of the workshop. The collected material may be used to produce DVD for resell purpose, with the intention to promote Systemic Constellation and assist more people to learn from such material.

I understand and accept I may be capture into photos or video recording collected by the organizer, and I will not raise any dispute against the organizer nor will I ask the organizer to delete the part with my involvement.

I agree not to disclose the identity of all the case owners under any circumstance, and will protect their confidentiality at all time.

I understand and accept the workshop organizer reserves the right to make any change in the workshop arrangement and during the workshop however they see necessary to ensure the comfort, convenience and safety of all the participants as well as a smooth proceeding of the workshop.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_