

Participant Registration & Family Systemic Constellation Workshop Agreement Form

Name: _____

Phone: _____

Home/PO Box Address: _____

Email: _____

After reading this agreement, your attendance to the workshop would mean you confirm your agreement to what is written below:

- ✓ I understand that in the Family Systemic Constellations Workshop there are several ways that I will gain insight into and learn about myself and my family or a system. They are:
 - as a witness/observer to constellations,
 - as a representative in a constellation, and
 - by requesting my own constellation.

- ✓ I understand that at this workshop I may not get a chance to do my own constellation as we will enter a *phenomenological processing** in the group, but by participating in the group setting and/or as a representative I can gain important personal insights and these insights can be valuable for me in a transformational way.

- ✓ I am aware that Constellations can:
 - have a healing effect and may open up new possibilities in family and work life;
 - provide experiences that address issues of purpose and meaning in family & work life;
 - convey extraordinary human insights;
 - be helpful in resolving relationship, family, and organisational issues, particularly those that persist beyond the usual explanations and strategies for solving them.

- ✓ And with all they offer - they do not replace my day-to-day responsibilities, strategies, and activities.

- ✓ Constellations provide an *image* of the energetic/dynamic state of a human relationship system (either personal, family, or organisational) and often expose a level of truth about what lies beneath the surface.

- ✓ I understand that even though these images may show stories that have been passed down and accepted as reality, they are not necessarily an accurate reflection of reality. But they do often provide helpful new perspectives and deeper insight at a systemic level.

- ✓ I understand that what happens during the workshop is private and confidential. I agree not to disclose to any persons outside of the workshop details of the participants or events I witness.

- ✓ During the day I may be brought into contact with painful memories or unexpected feelings and images and may have emotional responses to these experiences. If, at any time, the situation becomes too much for me I can talk to the facilitator, and after discussing this with the facilitator, if necessary, I am free to leave the workshop.

- ✓ After the workshop and following days, I may feel emotional processing and/or feel tired. I accept that this is quite common and usually is followed by a sense of integration and future possibility. If, after a couple of days, I am still unsettled I can call the facilitator (contact details of the facilitator will be provided at the beginning of the workshop).

Please arrive at 9.45 am. The workshop will start at 10.00 am and will finish at 4.30 pm with a morning, lunch, and afternoon break; please come on time if you need to sign the registration and pay the fee, and to avoid a late start.

Morning and afternoon tea/coffee will be provided, *BYO lunch* – alternatively there are few places accessible by a few minutes’ drive, where lunch might be purchased.

Important: please advise the workshop facilitator about any existing (past or present) mental health treatments/conditions in your responding email or by a phone conversation before workshop; it will remain confidential.

Following the reading of this agreement, by my payment and attendance I confirm that I agree to the Family Systemic Constellation Workshop Agreement.

Date		
Signature		X _____

Phenomenological processing: *"Phenomenology is the science that makes the bridge between nature and the world and our personal immediate experience. ... To work holistically with mind and nature is being open-hearted to what happens in a present moment."* Rollo May

Payment: Cash or Bank transfer

Bank transfer payment details:

Account Name: Karena J Denford

BSB: 633 000

Account No. 189931504