

# Application for The North American International Constellation Intensive

*June 26 to 30, 2008 in Santa Barbara, CA*

## The Application Material and Registration Forms

Please complete by typing in and print out the entire application forms and mail them to:

Constellation Institute of California

JoAnna Chartrand

333 Old Mill Rd #272

Santa Barbara, CA, 93110

**Your complete application includes the following required items.**

***You are registered only after we receive all three items.***

1. The completed application forms
2. A check or money order payable to JoAnna Chartrand  
***Please Note: We are not able to accept Credit Card payment nor Pay Pal.***
3. The signed Hold Harmless And Release Form

If you want a confirmation please request this by email and we will confirm it with you.

Email: [dyrian@sbceo.org](mailto:dyrian@sbceo.org)

Please remember that spaces are limited.

Applications will be considered on a first come basis.

## Payment and Fees

The Fee for the 5 day program is \$875.00 this includes a \$200 cancellation fee.

All payments are to be paid in full by April 26, 2008.

Early registration payments received in full by February 26, 2008, is \$750.00

Late registration payments received after April 26, 2008, is \$950.00

All Payments include a \$200 non-refundable cancellation fee.

Lodging & meals are not included.

For additional information email

Jo Anna at: [dyrian@sbceo.org](mailto:dyrian@sbceo.org)

**Application for The North American International Constellation Intensive is below:  
After mailing your application form, please email us to verify we received it, this will  
automatically put you on the address list for the intensive.**

***Thank you.***

***We look forward to creative, inspiring learning and community building.***

***JoAnna & Dyrian Benz-Chartrand***

## The Application Form for the 2008 Intensive

***Print Out, Complete, and Mail this entire 3-page application form & release form to:***

JoAnna Chartrand  
333 Old Mill Rd #272  
Santa Barbara, CA, 93110

***Please type or print clearly in block letters***

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

Phone: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

City/St./Zip \_\_\_\_\_

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

Male/Female (circle)      Email: \_\_\_\_\_

Professional background/ academic degree:

Experience in Constellation work:

Are you licensed to practice psychotherapy in your state? Yes / No.

Do you have any mental or physical problems, which could affect your participation? If yes, explain?

In what field do you presently work?

What are your goals for this training?

What draws you to the themes of this training: Dealing with Trauma &/or Shamanism/ community building?

# Information On Your Skill Level for the 2008 Intensive

We need your help to assist us in placing you in the appropriate skill level learning group at the intensive. In the following descriptions please indicate your level of skill.

1. I have read approximately this many books on the Constellation approach. Please circle:

none, 1 to 3, 4 to 6, 7 to 12, 13 or more.

2. I have been seeing clients in a one-to-one setting in a counseling/psychotherapy type setting for this amount of time. Please circle:

none, up to 6 month, 1 to 2 years, 3 to 6 years, 7 years or more.

3. I have not been seeing individual clients but I have been working in a group/consulting/educational type setting for this amount of time. Please circle:

none, up to 6 months, 1 to 2 years, 3 to 6 years, 7 years or more.

4. I have been a participant, but not the client in about this many constellations. Please circle:

none, 1 to 2, 3 to 6, 7 to 10, 11 to 15, 16 or more.

5. I have been a client working on my own family & or issues, in about this many constellations. Please circle:

none, 1 to 2, 3 to 6, 7 to 10, 11 to 15, 16 or more.

6. I have been to about this many days of constellation workshops as a participant or observer. Please circle:

none, 1 to 3, 4 to 10, 11 to 15, 16 or more.

7. I have been to about this many days of constellation training. Please circle:

none, 1 to 3, 4 to 6, 7 to 12, 13 to 18, 19 or more.

8. I am a constellation facilitator & I have led about this many **days** of constellation workshops. Please circle:

none, 1 to 6, 7 to 12, 13 to 18, 17 to 24, 25 to 36, 36 to 48, 49 or more.

9. I am a constellation trainer & I have trained students in the constellation method. I trained participants for about this many **days** of a constellation training program. Please circle:

none, 1 to 6, 7 to 12, 13 to 18, 17 to 24, 25 to 36, 36 to 48, 49 or more

10. I am licensed in my profession. Please circle: yes no. If yes, specify profession: \_\_\_\_\_

11. My experience is: Please circle: only family constellations or family & structural constellations or organizational constellations.

12. I have trained with the following Constellation trainers:

## About Your Experience level

**Please circle the number(s) of the Level which pertains most to you.**

**1 • Fundamentals of Theory and Practice:**

I am interested in learning the basic skills underlying constellation work. I want to have my own constellation done. I want to have access to a variety of trainers.

**2 • Developing Skills:**

I have attended at least 6 full days of family constellation workshops. I am interested in learning the basic skills, along with developing a sound theoretical and practical skill base. I want to have my own constellation done. I want to have access to a variety of trainers.

**3 • Intermediate Skills:**

I have attended at least 15 full days of family constellation workshops. I want to expand my range of knowledge about constellation theory. I may want to have my own constellation done. I want to learn more about leading constellations.

**4 • Beginner Facilitator**

I have facilitated under 15 full days of family constellations. I want to learn more about leading constellations. I want to expand my skills and collaborate with other experienced participants.

**5. Consultation and Advanced Theory:**

I have facilitated 16 or more full days of family constellations. I want to consult and collaborate with other experienced practitioners. I want to learn more about leading constellations. I want to be in the facilitator group.

**6 • Facilitation Development and Co-Supervision:**

I facilitated 20 or more full days of family constellations. I have led at least one year of trainings in family constellation facilitation for at least 5 weekend segments. I want to collaborate with other experienced facilitators around facilitation development and innovative, advanced constellation work. I want to be in the facilitator/trainer group.

**7. Training Development and Co-Supervision:**

I have given 24 or more full days of family constellations trainings. I have led at least two years of trainings in family constellation facilitation for at least 10 weekend segments. I want to collaborate with other experienced trainers around training development and innovative, advanced constellation work. I want to be in the facilitator/trainer group.

7. I may want to do a constellation: YES NO

8. I am interested in community building in the constellation world. Circle: YES NO

9. These are my suggestions, as to how we can build a stronger constellation community:

***Please note:***

**1.**The intensive will most likely be divided into two medium sized groups this year.

**2. Sign and return the Hold Harmless And Video Release Form with your application.**

**Applications can not be accepted without this form. Feel free to email Any Questions.**

# Hold Harmless And Video Release Form

## *The Third Bi- Annual 5-Day Intensive Training Program* Thursday, June 26 to Monday, June 30, 2008 , Santa Barbara, CA

*No application can be accepted without this completed and signed form*

**Please Note: By applying for and participating in this program you are agreeing to the "Hold Harmless And Release Form" below and are giving permission for video and audio taping.**

**With this Application you agree to The Hold Harmless And Release Form Conditions**

By submitting this Registration Application to attend all or part of the program given in one large group you, the applicant, agree to the conditions as stated in the following Hold Harmless And Release Form. Please read the statement carefully and sign it at the bottom.

I understand that this program may cause me to experience mental, emotional, physical, or spiritual distress with unpleasant symptoms. By enrollment and participation in this program I agree to assume this risk.

I confirm that I do not currently suffer from any mental, emotional or physical impairment, that might make it unadvisable for me to assume such risks. This program is an education venue and not designed as a substitute for therapy.

I willingly agree to hold harmless and release from all liability the organizers, facilitators, presenters and their associates, as well as the participants of this program, including Constellation Institute of California, Dyrian Benz-Chartrand, JoAnna Chartrand-Benz, any support and organizing staff, and the facility where the workshop is being offered.

I hereby grant Constellation Institute of California, Dyrian Benz-Chartrand and his associates all rights and permission to videotape and audiotape my participation in the program. I understand and fully accept that these tape recordings may be sold and otherwise distributed to the public for supervisory and educational purposes. By my registration and participation in this program I am stating my full and voluntary agreement with these conditions. This signed form is included with your registration material in order for the registration to be processed.

I understand that the intensive for which I am applying does not qualify me to practice psychotherapy nor is this a certification process for Constellation practice. The certificate issued upon completion is a certificate of participation in the program.

Participant Name Printed: \_\_\_\_\_

Email Address Printed clearly: \_\_\_\_\_

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