

Family Constellations Facilitator Training Registration form

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Modules 1- 4 face to face + online material

Date: _____

First name: _____ Last Name: _____

Email: _____ Phone: _____

Address: _____

Prerequisite:

- I have received at least one constellation facilitated by Edwina
- I have represented in at least 4 constellations by Edwina or another facilitator (please specify if not by Edwina)
- I will contact [Edwina](#) (0414829092) for a registration interview.

Enrolling in this training course:

- I agree It is my responsibility to disclose any physical or mental health issues that I have to the trainer to see if this training is suitable for me. It is not therapy and does not replace medical or psychiatric treatment.
- I accept full responsibility for my participation and processing throughout this training as this training often involves intense emotional experiences.
- I agree and understand that the people and the events named and witnessed during the training remain confidential and I agree to not disclose details of the participants to any person outside of the training.

I would like to attend the Family Constellations training for the following reasons
(answer as many as applicable)

- Personal development
- Add skills to my current career/ practice
- Develop new skills to start a new career
- Other (specify below)

Add any other reasons not specified above

Please note other qualifications you currently have that may be beneficial in attending this training.

Course completion

- I am aiming for certification within the 12 month time frame
- I am aiming for certification but might need more than 12 months
- I am attending for personal development not certification

Payment:

I agree in registering for this course

- I will pay the full course in one full payment
- I will pay the full course in part payment over 6 months from date of this form

Additional:

- I understand completing this course does not guarantee me a career as a family constellations facilitator, and that there might be other skills/ qualifications I may need to develop or learn.
- I understand to receive certification for this course I need to purchase insurance for public liability and personal indemnity from [IICT](#) or a similar organisation (at my own additional cost).
- I understand to receive certification for this course I need to complete a [code of conduct for health workers course](#) if I am not already part of a registered association for therapies or health care professionals (at my own additional cost).

Cancellation policy:

- If I cancel from the training more than 90 days prior to the start of the first training session/day I can receive a full refund minus a \$350 non refundable deposit.
- If I cancel from the training within (and including) 30 days prior to the start of the first training session/day of the training there will be no refund and all outstanding amounts owed are still due.
- If the training is cancelled I understand I will be offered a refund or the chance to switch to another date

Video, photo and Audio release consent

Some parts of the facilitator training will be recorded, as this is an important part of the training. It allows us to learn from the sessions without interrupting the flow in real time but enable us to look back over parts of sessions for deeper learning.

The record material is just for access for this group (unless otherwise specified).

For access to the online material I use a platform called Thinkific

<https://spandah-learninghub.thinkific.com/>

You will all get a unique login and password (closer to that start date).

You log into the Thinkific learning hub to

- download course material
- see and fill in course requirements
- upload completed course exercises (as part of the course)
- View recordings of the online sessions
 - o If you missed a session
 - o Want to review a session to write notes
- I might use snippets of sessions as teaching pieces to highlight certain things to the group. This will then be shown in live online session or put in learning hub for people to watch in own time
- The videos can only be watched in the learning hub, not downloadable.

This material and access is only for the 12 month duration of the course.

New training courses will have different access for the participants of that course, viewing their own material.

I, _____, consent to the Family Constellations Facilitator Training being recorded by Edwina / Spandah Pty Ltd T/a Relationships Constellations and that this may include my image, voice, or both, in the video, photograph, or audio recording. These recordings will be used and uploaded to the Spandah learning hub (Thinkific) for students of the course to access.

I agree that all such photographs, video, and audio recordings and any reproductions thereof, and all digital files shall remain the property of Edwina / Spandah Pty Ltd T/a Relationships Constellations, unless otherwise noted.

In addition, I waive all claims to compensation or damages based on the use of my image or voice, or both, by Edwina / Spandah Pty Ltd T/a Relationships Constellations.

I waive any right to inspect or approve the finished photograph, video, or audio recording.

Initial: _____

I understand that this consent is perpetual, that I may not revoke it.

I have read this consent and fully understand its contents.

Signature: _____

Video, photo and Audio release consent

This section of the form is if there is any comments or feedback I can use for promoting the next training course. I will show you the recorded section and ask if you are ok with me using it, to put on my website/socials etc but they will be specific for promoting the course. I would check and show you first.

Or if there is a particular piece that was great at highlighting something I might ask (I would check first) if I may use it to show people in other courses.

I _____ consent to the use by Edwina / Spandah Pty Ltd T/a Relationships Constellations of my image, voice, or both, in the video, photograph, or audio recording for educational, advertising, publicity, or any other purpose that may include my image, voice, or both, in the video, photograph, or audio recording.

I understand that she/they are not responsible for unauthorized duplications or use of the images, videos, or audio recordings by third parties, on the internet or otherwise.

I waive any right to inspect or approve the finished photograph, video, or audio recording.

Initial: _____

I consent to Edwina / Spandah Pty Ltd T/a Relationships Constellations using audio, video or photographs but would like to approve it first.

Initial: _____

I understand that this consent is perpetual, that I may not revoke it.

I have read this consent and fully understand its contents.

Signature: _____

Download completed form and email to edwina@relationshipconstellations.com

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