



Registration for
TRAINING and FURTHER EDUCATION
to become an Original Hellinger® Family Constellator

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|--------------------------|----------------|--|
| <input type="checkbox"/> | Level 1 | Module 1 - 6: Module 1 – 6 Basic Training Life License - Foundational Knowledge of Family Constellations <ul style="list-style-type: none"> • Foundation for Personal Development and Life Success • Accessible to everyone interested |
| <input type="checkbox"/> | Level 2 | Module 7 – 11 In-depth Study Life University - The Laws of Life <ul style="list-style-type: none"> • Application and Supplementation in your own Profession • Completion of Level 1 is required |
| <input type="checkbox"/> | Level 3 | Module 12 – 18 Finalization of Education and Training as an Original Hellinger® Family Constellator <ul style="list-style-type: none"> • as ProfessionDiploma Training with Certificate • Completion of Level 1 and Level 2 is required |

| | | |
|---------|------------|---------------|
| Name | First name | Date of birth |
| Address | ZIP | Street |
| Country | Phone | Email |

Documents and conditions for all training:

- Application stating the motivation for this training
- 1 recent passport photo
- Curriculum Vitae in German language and European format
- Proof of payment of the registration fee
- The registration fee is 100 € per year
- Hellinger® membership is mandatory, the fee for it is 100 € per year
(Bank: Sparkasse Berchtesgaden Account: Hellinger Sciencia KG IBAN: DE11 7105 0000 0020 2846 91 BIC: BYLADEM1BGL)
- I have read and agree to the terms and conditions (AGB) at www.hellinger.com
- I agree that Hellingerschule can make changes
- I have read, understood, and accept the above conditions in their entirety with my signature

Declaration: With my signature, I bindingly register for the above-mentioned training:

Place / Date: _____ Signature: _____

With my signature, I declare that I know and agree to the data protection regulations and consent to use my data for data processing and communication via email, phone, or mail by Hellingerschule:

Place / Date: _____ Signature: _____

With my signature, I agree to the possible video recordings of the events of Hellingerschule and their distribution through it:

Place / Date: _____ Signature: _____

Please send the completed and signed form in triplicate together with the above-mentioned documents to: **education@hellinger.com**