

ORDERS OF LIFE ASSOCIATION TRAINEE APPLICATION FORM

To be mailed to:
Healing Heart and Soul
1309 Main Street
Lake Geneva, WI 53147

Attach Photo:

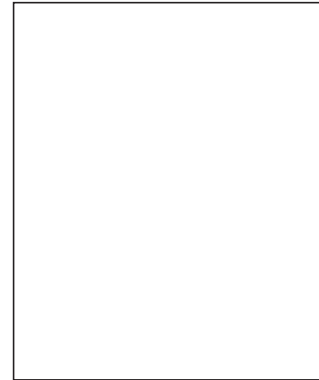
Name _____

Street _____

City _____ State _____ Zip _____

Phone _____ FAX _____

E-Mail _____



Workshops facilitated by Heinz Stark:

1. How many workshops facilitated by Heinz Stark have you participated in as a Working Participant (your constellation was set up), when and where?

2. How many as a Self-Experiencing Participant, when and where?

3. Hellinger oriented workshops with other facilitators:

How many have you participated in, when and where? Also include names of facilitators.

4. How many years of formal education have you had? Describe:

5. What subject did you major in, which degree(s) do you have? Describe:

6. What other alternative education or courses of study have you completed?

7. Generally describe your work experience over the past ten years.

8. What is your interest or intention in becoming a Orders of Life Association Trainee?

9. What obstacles or barriers do you foresee that might interfere with your training?

10. When do you hope to begin your Orders of Life Association training program?
