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Family Constellation Workshop

Find the peace and healing by uncovering the hidden dynamics of your family and ancestors. Let the collective wisdom of your ancestors, minds and souls of fellow workshop's participants and the strong, composed facilitator connect together in Family Constellation. Observe the existing energy of your family and relationships as it unfolds and transforms to allow the natural flow of love with its healing power.



Workshop Schedule

Date	Sunday 8 th December 2013
Duration	10 am to 6 pm
Location	Ryde-Eastwood Leagues Club, 117 Ryedale Rd, West Ryde (Opp. West Ryde Rail Station) Free parking
Facilitator	Joanna Malinowska
Price* see workshop structure	\$250 to do a constellation (\$200 early bird before 8 th November) \$70 to be a participant (\$50 early bird before 8 th November)
Booking	Feel the online enrolment form www.myhypno.com.au Optionally email joanna@myhypnotherapy.com.au or call Joanna 0412 092 972 (or send SMS)

Workshop Structure

The workshop is made up of two groups of people

1. Participants who are interested in setting their own constellations and to be representatives for other people constellations. The number of participants doing their own constellation is limited to 6 persons.
2. Participants who came only as observers and/or representatives for other people's constellations, limited to maximum of 14 persons.

Both groups benefit from constellations, because even being a representative or observer taps into our unresolved issues and helps us to create some shift.

Each constellation usually takes from 25 to 45 minutes, but it could be longer or shorter than this. There are 5 to 6 constellations done in a one day workshop.

The practical course of events for each constellation:

1. The person doing the constellation states the issue briefly. No history is needed; the person just explains the nature of the issue.
2. The facilitator asks some questions about the family structure and the most important events from the constellation view.
3. The facilitator decides which family members are relevant in solving the issues and asks the participant to choose the representatives to take the role of those family members. The participant is usually asked to choose a representative for himself/herself.
4. The participant feels his way in the centre of the room and places representatives into the position which seems proper and then sits back and observes.
5. At this time the energy field forms around the representatives and they experience the feelings of the real people they represent, even if they have no previous knowledge of their personalities or history. They also very often behave like the real person and have some knowledge of events never revealed to them.
6. The facilitator leads the constellation, connecting with the energy of the field, observing representatives, asking questions as the dynamics of the family unfolds and looking for the best resolutions.
7. At the end, when the solution is reached and the best possible order restored, the client takes his position in the Constellation to experience himself the new energy and healing.

Please see www.myhypno.com.au for the explanation of Family Constellations therapy.

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Family Constellation Workshop Enrolment Form

Participant Details

Title: _____ First Name: _____ Surname: _____

Address: _____

Suburb: _____ Postcode: _____

Tel (wk): _____ Tel (home) _____ Tel (mobile) _____

Email: _____

Fax: _____ DOB: _____

Workshop Details

Date and Time: Sunday 8th December 2013, 10 am to 6 pm

Location: Ryde-Eastwood Leagues Club, 117 Ryedale Rd, West Ryde

Agreement:

I understand that the Enrolment Form is the agreement between me and Joanna Malinowska. A refund (initiated by the participant) incurs a fee of 10% of the amount refunded. The request for refund must be made in writing / by email at least 10 days before the workshop. Due to the organization of venues and limited spaces in the workshops, there will be no refund if you cancel less than 10 days prior to a commencement of the workshop. If for any reason Joanna Malinowska does not deliver the course in the agreed time schedule, the participant has the choice of full refund of the fee or transfer to next available workshop.

Signature: _____ **Date:** _____

Payment (see the schedule): _____ Cash ____ Credit Card ____

Credit Card Details Bankcard ____ Visa ____ MasterCard ____ security code _____

Card No. _____ Expiry Date: _____

Cardholder's Name: _____ Signature: _____

Payments by PayPal on www.myhypno.com.au