

**SOUL SOLUTIONS  
TRAINEE APPLICATION FORM**

To be mailed to: Kenn Day  
2515 Harrison Ave  
Cincinnati, Ohio 45211

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 where you had your constellation set up, when and where?

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2. How many where you did not have your own constellation done, when and where?

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3. Hellinger oriented workshops with other facilitators: How many have you participated in, when and where? Also include names of facilitators.

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

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

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

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

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8. What is your interest or intention in becoming a Heinz Stark Trainee?

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

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10. When do you hope to begin your Constellation training program?

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