

Clair Jantzen

grief & loss therapist 

Counsellor, Educator, Author, Supervisor, Celebrant
Canadian Professional Counsellors Association (Member #2376)
Master Practitioner in Clinical Counselling (MPCC-S)
1192219BC GST# 718105117RT0001

Application for Facilitator Training

Name: _____ **Phone No:** _____

Mailing Address: _____

Email Address: _____

Organization (if applicable): _____

Position held (if applicable): _____

In a short paragraph, please tell me how you think this training will help you in your career/ministry or sphere of influence.

Commitments:

1. I commit to mutual confidentiality, respecting both the identities and the stories of other registrants in the program.
2. I agree to participate in a group photo which may be shared on social media or for promotion purposes.
3. I agree to having my name and email shared with the group participants ONLY.

Signature: _____ **Date:** _____

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