

Barbara Brennan International, Inc.

THE BARBARA  
BRENNAN  
SCHOOL ®  
OF HEALING  
♦ ♦ ♦ ♦ ♦  
Europe

2011 - 12 CLASS YEAR

ADVANCED STUDIES APPLICATION

# 2011-12 BBSHE School Calendar

## Advanced Studies Year 1 & 2 Resident Training

September 19–25, 2011  
November 15–20, 2011  
January 10–15, 2012  
March 6–11, 2012  
May 22–27, 2012

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### Distance Learning Module Due Dates

DLM 1, 2 & 3: September 2, 2011  
DLM 4: October 28, 2011  
DLM 5: December 16, 2011  
DLM 6: February 17, 2012  
DLM 7: May 4, 2012

## Advanced Studies Year 3 Resident Training

September 18–25, 2011  
November 14–20, 2011  
January 9–15, 2012  
March 5–11, 2012  
May 21–27, 2012

## Program Costs

Tuition for the 2011-12 Advanced Studies Year 1 and Year 2 school year is \$9,232 (U.S.) per year. Textbooks, travel, lodging and meals during the five Resident Training classes are additional costs. Students are also required to meet AS Supervision requirements.



# Advanced Studies Program Information & Costs

## 2011-12 Advanced Studies Program Information

**Clock Hours:** Year 1: 255 Hours Resident Training plus 7 Distance Learning Modules (Both must be taken together) *Classes are taught in English*  
 Year 2: 255 Hours Resident Training plus 7 Distance Learning Modules (Both must be taken together) *Classes are taught in English*  
 Year 3: 420 Hours Resident Training *Classes are taught in English*

**Distance Learning:** Years 1 & 2 only: 7 Modules of home study each year

**Resident Training:** Years 1 & 2: Sept. 19–25, 2011 Nov. 15–20, 2011 Jan. 10–15, 2012 March 6–11, 2012 May 22–27, 2012 (8:00–21:00 Daily)  
 Year 3: Sept. 18–25, 2011 Nov. 14–20, 2011 Jan. 9–15, 2012 March 5–11, 2012 May 21–27, 2012 (8:00–21:00 Daily)

**Location:** Resident Training is held at the Kongress & TheaterHaus in Bad Ischl, Austria  
*(Because of the nature of the intensity and complexity of Resident Training, we **strongly recommend** that students stay on campus at the hotel for Resident Training.)*

**Program Dates:** 11 months Start Date: July 1, 2011 End Date: May 27, 2012

PROGRAM COSTS	YEAR 1	YEAR 2	YEAR 3
RESIDENT TRAINING AND DLM TUITION REGISTRATION FEE	\$9232.00 (U.S.) \$ 200.00 (U.S.)	\$9232.00 (U.S.) N/A	\$1000.00 (U.S.) N/A
TEXTBOOKS	Approx. \$250.00 (U.S.)	Approx. \$250.00 (U.S.)	N/A
SUPERVISION	Approx. \$75-125 (U.S.)/session (18 sessions required)	Approx. \$75-125 (U.S.)/session (18 sessions required)	Approx. \$75-125 (U.S.)/session (18 sessions required)

## 2011-12 TUITION AND PAYMENT POLICY

- The tuition for the Advanced Studies Year 1 and Year 2 Program is \$9,232 (U.S.) per year. Tuition includes one 7-day and four 6-day Resident Training classes and 7 Distance Learning Modules (DLMs). It does not include room, meals, textbooks, or outside Supervision work.
- Either a \$4,232 (U.S.) or a \$2,042 (U.S.) deposit (depending on your payment plan), and a \$200 (U.S.) registration fee (for Year 1 applicants only) are paid upon applying to the program and must be postmarked and/or received by July 1, 2011.
- Unless you are on the payment plan, the balance of the tuition that is due must be received no later than September 1, 2011. Your deposit will be refunded if you are not accepted.
- If you are accepted into the program and find that you are unable to attend, \$1,000 (U.S.) of your tuition deposit will be refunded to you if you notify the school by August 15, 2011.
- **After September 1, 2011, all monies paid are nonrefundable.**
- If you withdraw your application within three (3) business days after the date of the Enrollment Agreement and payment is accepted by the school, all but \$1,000 (U.S.) of your tuition deposit will be refunded to you.
- **In other words, after September 1, 2011, you are responsible for the full tuition, whether or not you attend any classes. In addition, this tuition is for the 2011-12 school year and is not transferable.**
- Your agreement to become a student in this program is a serious financial, as well as personal, commitment. As part of your application process, you will be asked to sign a contract agreeing to pay the full amount of the year's tuition, whether or not you complete the year's classes or continue to be an active student in the program.
- **Payments received after the due date (July 1, 2011) are subject to a \$200.00 (U.S.) Late Fee.**

**DISCLAIMER:** Students are not prepared or permitted to provide Brennan Healing Science services until they have graduated from the 4-year Professional Studies Program.

*Every year, the school program and its costs are reviewed and tuition may be increased accordingly.*

# BBSHE 2011-12 Advanced Studies Student Application

To finalize your enrollment, please read, refer to and fill out completely the following forms pertaining to your chosen program of study.

Please *type* or *print* using blue or black ink. Read all information carefully, and make copies as needed for your records.

When all forms are fully completed, your mailing will include:

- *Confidential Student Profile (with your signature and date)*
- *Enrollment Agreement (with your signature and date)*
- *The School copy of the Authorization/Release Waiver (with your signature and date)*
- *The School copy of the Informed Consent and Release Form (with your signature and date)*
- *The Informed Consent and Release Form for Student Participation in Advanced Studies Supervision (with your signature and date)*

Mail all documents, along with four recent color passport photos, with proper postage to the address shown below. For your convenience, you may fax your documentation to the School Registrar's Office as well.

We are delighted that you have decided to continue your studies, and we look forward to seeing you again at class!

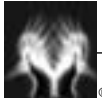
**Mail all forms to:**

The Barbara Brennan School of Healing Europe  
500 N.E. Spanish River Boulevard, Suite 208  
Boca Raton, FL 33431-4559 • USA

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Telephone: +1 561-620-9218 • Fax: +1 561-620-9028

PLEASE ATTACH  
FOUR (4)  
RECENT COLOR  
PASSPORT PHOTOS.



**BARBARA BRENNAN® SCHOOL OF HEALING EUROPE** 500 N.E. Spanish River Boulevard • Suite 208 • Boca Raton, FL 33431-4559 • USA  
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**Please answer all questions and PRINT clearly with blue or black ink. Mark NA if not applicable.**

**I AM REGISTERING FOR:**     Advanced Studies Year 1     Advanced Studies Year 2     Advanced Studies Year 3

## STUDENT INFORMATION

First Name	MI	Last Name	Name You Would Like on Your Nametag (if different than name listed)
Address			International Identification #
City			Age
State		Zip/Postal Code	Date of Birth (Month/Date/Year)    /    /
Country (    )		(    )	
Home Phone* (    )		Work Phone*	
Fax*		E-mail	

(\*International, list country and city codes, hyphenating between: Country Code-City Code-Number)

Male     Female     Single     Married  
 Other \_\_\_\_\_

Add my name to the list of students needing roommates, and send me the list.

## LANGUAGE INFORMATION (NOTE: ALL CLASSES ARE TAUGHT IN ENGLISH)

Can you speak English?     Yes     No    If no, what is your primary language? \_\_\_\_\_

List other language(s) in which you are fluent: \_\_\_\_\_

Occupation: \_\_\_\_\_ For how long? \_\_\_\_\_

Are you a healthcare professional?     Yes     No    List all healthcare/helping professions experience: \_\_\_\_\_

\_\_\_\_\_

List credentials for psychological training (MSW, Ph.D in Psychology, CIL, Pathwork Helper®, Core Energetics, etc.):

\_\_\_\_\_

\_\_\_\_\_

## HEALTH INFORMATION

List medications currently being taken, and the conditions prescribed for:

\_\_\_\_\_

List medications taken within the past 2 years, when you took them, and the conditions they were prescribed for:

\_\_\_\_\_

List present physical problems:

\_\_\_\_\_

Have you ever been hospitalized for psychological difficulties?  
 Yes     No    If yes, for what and when?    List date(s): \_\_\_\_\_

Have you ever been treated for psychological difficulties or has hospitalization been recommended?  
 Yes     No    If yes, for what and when?    List date(s): \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_  
Student Signature (Student must be 18 years of age older)

\_\_\_\_\_

Student Name (Please print)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date





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## (FOR PROGRAM PARTICIPANTS, STUDENTS AND SCHOOL EMPLOYEES)

**School Copy:**  
**Please sign and date both sides of this page,  
and return to the School.**

The undersigned, in consideration of the mutual promises set forth below, and for other valuable consideration, the receipt of which the undersigned acknowledges, agrees as follows:

- I. The individual undersigned acknowledges that Barbara Brennan, Inc. (BBI), Barbara Brennan International, Inc. (BBII), and the Barbara Brennan School of Healing Europe (BBSHE), (hereinafter collectively, unless noted differently, referred to as "the School") has made or is going to make videotape and audiotape recordings of its various programs including classes, workshops or other programs in which the individual undersigned is now, has been or hereafter may be involved or may participate in, and BBI intends to copyright the material presented and to use some or all of that material in connection with future classes, workshops, book publications and commercial tapes, and in connection with other ventures which may or may not be commercial.

The individual undersigned authorizes the School and/or its designees and/or its assignees to record, by audio, video, photographic or other means, the classes, workshops and other programs and the individual undersigned's participation in them, to copyright such recordings, and to use, re-use, publish and re-publish and re-record them, in whole or in part, with or without other material, in any medium for any purpose. This authorization expressly includes the right to record, reproduce or otherwise use the individual undersigned's face, name, likeness and voice.

The individual undersigned hereby releases and discharges the School and its designees or assignees from any and all claims and demands arising out of or in connection with the use of the foregoing and waives any rights the individual undersigned may have against the School arising out of the use and publication of said material in any manner, whether for commercial exploitation or otherwise.

This Authorization/Release/Waiver shall be for the School's benefit and that of its designees and any legal representatives, assignees and/or licensees of the School or such designee.

- II. Any recording of any activities at or in connection with the School that the individual undersigned obtains (whether by purchase or otherwise) will be for personal use only, and will not be used in any audio, video, or other reproduction or personal use, except upon securing BBI's prior written consent. The individual undersigned will not reproduce it and will not lend, sell or otherwise dispose of it to anyone, or make a transcript of any such recording except for personal use only. If the individual undersigned makes a transcript, it will not be sold, lent or reproduced, or otherwise disposed of.
- III. This agreement benefits and binds both parties. As to the individual undersigned, it will apply to all classes, workshops and other programs in which the individual undersigned participates during any and all years in which he/she attends the School, at all locations in which any of the School's activities are carried out or held.

I understand that I am signing this Authorization/Release/Waiver to cover my participation in all the School programs.

**SIGNATURE :** \_\_\_\_\_  
Individual Undersigned Signature                      Individual Undersigned Name (Please print)                      Date





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## (FOR PROGRAM PARTICIPANTS, STUDENTS AND SCHOOL EMPLOYEES)

### Student Copy:

**Please sign and date both sides of this page,  
and keep it for your records.**

The undersigned, in consideration of the mutual promises set forth below, and for other valuable consideration, the receipt of which the undersigned acknowledges, agrees as follows:

- I. The individual undersigned acknowledges that Barbara Brennan, Inc. (BBI), Barbara Brennan International, Inc. (BBII), and the Barbara Brennan School of Healing Europe (BBSHE), (hereinafter collectively, unless noted differently, referred to as "the School") has made or is going to make videotape and audiotape recordings of its various programs including classes, workshops or other programs in which the individual undersigned is now, has been or hereafter may be involved or may participate in, and BBI intends to copyright the material presented and to use some or all of that material in connection with future classes, workshops, book publications and commercial tapes, and in connection with other ventures which may or may not be commercial.

The individual undersigned authorizes the School and/or its designees and/or its assignees to record, by audio, video, photographic or other means, the classes, workshops and other programs and the individual undersigned's participation in them, to copyright such recordings, and to use, re-use, publish and re-publish and re-record them, in whole or in part, with or without other material, in any medium for any purpose. This authorization expressly includes the right to record, reproduce or otherwise use the individual undersigned's face, name, likeness and voice.

The individual undersigned hereby releases and discharges the School and its designees or assignees from any and all claims and demands arising out of or in connection with the use of the foregoing and waives any rights the individual undersigned may have against the School arising out of the use and publication of said material in any manner, whether for commercial exploitation or otherwise.

This Authorization/Release/Waiver shall be for the School's benefit and that of its designees and any legal representatives, assignees and/or licensees of the School or such designee.

- II. Any recording of any activities at or in connection with the School that the individual undersigned obtains (whether by purchase or otherwise) will be for personal use only, and will not be used in any audio, video, or other reproduction or personal use, except upon securing BBI's prior written consent. The individual undersigned will not reproduce it and will not lend, sell or otherwise dispose of it to anyone, or make a transcript of any such recording except for personal use only. If the individual undersigned makes a transcript, it will not be sold, lent or reproduced, or otherwise disposed of.
- III. This agreement benefits and binds both parties. As to the individual undersigned, it will apply to all classes, workshops and other programs in which the individual undersigned participates during any and all years in which he/she attends the School, at all locations in which any of the School's activities are carried out or held.

I understand that I am signing this Authorization/Release/Waiver to cover my participation in all the School programs.

SIGNATURE: \_\_\_\_\_

Individual Undersigned Signature

Individual Undersigned Name (Please print)

\_\_\_\_\_ Date



# 2011-12 Student Participation in Advanced Studies Supervision Informed Consent and Release, Indemnification and Hold Harmless Undertaking



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PAGE 1 OF 1

**Please write your name in the space in the first paragraph, sign and date at the bottom of the page, and return to the School. A copy will be sent to you upon acceptance.**

This Informed Consent and Release, Indemnification and Hold Harmless Agreement (the "Agreement") is made by and between the Barbara Brennan School of Healing Europe ("BBSHE") and \_\_\_\_\_, the student ("Student"), who is currently enrolled, or has satisfied the standards for acceptance into BBSHE. As used herein, BBSHE includes its respective past, present, and future affiliates, associations, subsidiaries, and related entities, in any manner or form whatsoever, and its respective agents, representatives, directors, officers, attorneys, assigns, successors and predecessors in interest. "Student" shall include his/her executors, heirs, administrators, assigns, attorneys, and other representatives.

A. In light of the Student's desire to work with an approved Advanced Studies Supervisor ("AS Supervisor") to fulfill his/her personal process requirements as a student at BBSHE, BBSHE is willing to prove the consideration specified herein in exchange for the Student and BBSHE intending to be legally bound by this Agreement. Accordingly, BBSHE and the Student agree as follows:

1. BBSHE will endeavor to provide the AS Supervisor with the appropriate training and support to assist the Student in conducting, in accordance with the BBSHE Program and Program material, the AS Supervision sessions.
2. The Student expressly stipulates that the consideration referred to in paragraph 1 constitutes adequate and ample consideration for the rights and claims he/she is waiving under this Agreement, and for the obligations imposed upon him/her by virtue of this Agreement. The Student expressly agrees and acknowledges that BBSHE has promised to provide the consideration referred to in paragraph 1 of this Agreement in exchange for the releases, waivers and promises made by the Student in this Agreement.
3. In consideration of the terms hereof, the Student hereby releases, remises, acquits, and forever discharges BBSHE from any and all claims, demands, and liabilities whatsoever of any and every kind and nature, whether known or unknown, arising out of, relating to, or with respect to, the Student's participation or enrollment at BBSHE, including participation in any manner in a BBSHE program, including participation with an AS Supervisor from a personal process session.

This release shall include, but is not limited to, any claims for physical, personal, mental or emotional injury, or any injury or harm that may occur to the Student, including claims for compensatory damages, punitive damages, attorneys' fees, equitable relief, or any other form of relief either in law or in equity, other than for breach of this Agreement.

This release shall further include, without limitation, any and all claims under the State of Florida law, or under any other U.S. state, federal, or local law, statute, public policy, order, ordinance, or regulation, and all common law claims, including but not limited to, breach of contract, intentional or negligent infliction of emotional distress, misrepresentation, interference with prospective or contractual relationships, defamation, slander, negligence, battery, or breach of the covenant of good faith and fair dealing.

4. The Student agrees to hold BBSHE, Barbara Brennan, Inc., Barbara Brennan International, Inc., and Barbara Brennan, and its employees, agents, successors, assigns and heirs harmless from any liability, loss, relief of any kind, fees, costs or damages arising out of or relating to the Student's participation with an AS Supervisor from a personal process session.
5. Any claim or controversy arising out of, or relating to, this Agreement will be submitted to a court of competent jurisdiction in the State of Florida.
6. If any of the provisions of this Agreement shall be held invalid, the remainder of this Agreement shall not be affected thereby and will continue in full force and effect.
7. Both parties attest that no other representations were made regarding this Agreement other than those contained herein. The parties represent and agree that they are not relying on any representations, promises, statements or agreements not contained in this Agreement. All parties represent and agree that this is an all-inclusive Agreement and that no other written, oral and/or implied representations, promises or agreements exist between them regarding the subject matter set forth in this Agreement.
8. This Agreement may not be modified, changed, or altered, except in writing signed by the Student and by Barbara Brennan.
9. The Student acknowledges that he/she had the opportunity to receive advice about the terms and legal effect of this Agreement from representatives or attorneys of the Student's choice.
10. The Student agrees that he/she has entered into this Agreement knowingly and voluntarily, and acknowledges that he/she has read and understands the language of this Agreement.

**EACH PARTY HAS HAD A FULL AND COMPLETE OPPORTUNITY TO REVIEW THIS AGREEMENT. EACH PARTY HAS CAREFULLY REVIEWED THIS AGREEMENT, UNDERSTANDS ALL OF ITS PROVISIONS AND FREELY AND VOLUNTARILY ENTERS INTO THIS AGREEMENT.**

By: \_\_\_\_\_ By: \_\_\_\_\_  
Student Signature Authorized Representative for BBSHE

Date: \_\_\_\_\_ Date: \_\_\_\_\_



# 2011-12 Advanced Studies Enrollment Agreement

PAGE 1 OF 2



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## STUDENT INFORMATION

First Name	MI	Last Name	Home Phone*	*Include country and city codes
Address			Work Phone*	
City			Cell Phone*	
State			Fax*	
Zip/Postal Code			E-mail	
Country				

## PAYMENT/ENROLLMENT DUE DATE

Please check the Year for which you are registering:  Year 1  Year 2  Year 3  
 \*Payments received after due date are subject to a \$200.00 Late Fee.

Payment/enrollment due date: July 1, 2011\*

## 2011-12 ADVANCED STUDIES PROGRAM INFORMATION

**Program Title:** Brennan Healing Science Advanced Studies

**Clock Hours:** Year 1: 255 Hours Resident Training plus 7 Distance Learning Modules (Both must be taken together) *Classes are taught in English*  
 Year 2: 255 Hours Resident Training plus 7 Distance Learning Modules (Both must be taken together) *Classes are taught in English*  
 Year 3: 420 Hours Resident Training *Classes are taught in English*

**Resident Training:** Years 1 & 2: Sept. 19–25, 2011 Nov. 15–20, 2011 Jan. 10–15, 2012 March 6–11, 2012 May 22–27, 2012 (8:00–21:00 Daily)  
 Year 3: Sept. 18–25, 2011 Nov. 14–20, 2011 Jan. 9–15, 2012 March 5–11, 2012 May 21–27, 2012 (8:00–21:00 Daily)

**Location:** Resident Training is held at the Kongress & TheaterHaus in Bad Ischl, Austria  
*(Because of the nature of the intensity and complexity of Resident Training, we strongly recommend that students stay on campus at the hotel for Resident Training.)*

**Program Dates:** 11 months Start Date: July 1, 2011 End Date: May 27, 2012

PROGRAM COSTS	YEAR 1	YEAR 2	YEAR 3
RESIDENT TRAINING AND DLM TUITION REGISTRATION FEE	\$9,232.00 (U.S.) \$ 200.00 (U.S.)	\$9,232.00 (U.S.) N/A	\$1,000.00 (U.S.) N/A
TEXTBOOKS	Approx. \$250.00 (U.S.)	Approx. \$250.00 (U.S.)	N/A
SUPERVISION	Approx. \$75-125 (U.S.)/session (18 sessions required)	Approx. \$75-125 (U.S.)/session (18 sessions required)	Approx. \$75-125 (U.S.)/session (18 sessions required)

## 2011-12 TUITION AND PAYMENT POLICY

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- Either a \$4,232 (U.S.) or a \$2,042 (U.S.) deposit (depending on your payment plan), and a \$200 (U.S.) registration fee (for Year 1 applicants only) are paid upon applying to the program and must be postmarked and/or received by **July 1, 2011**.
- Unless you are on the payment plan, the balance of the tuition that is due must be received no later than September 1, 2011. Your deposit will be refunded if you are not accepted.
- If you are accepted into the program and find that you are unable to attend, \$1,000 (U.S.) of your tuition deposit will be refunded to you if you notify the school by August 15, 2011.
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- If you withdraw your application within three (3) business days after the date of the Enrollment Agreement and payment is accepted by the school, all but \$1,000 (U.S.) of your tuition deposit will be refunded to you.
- In other words, after September 1, 2011, you are responsible for the full tuition, whether or not you attend any classes. In addition, this tuition is for the 2011-12 school year and is not transferable.**
- Your agreement to become a student in this program is a serious financial, as well as personal, commitment. As part of your application process, you are signing this contract agreeing to pay the full amount of the year's tuition, whether or not you complete the year's classes or continue to be an active student in the program.
- Payments received after the due date (July 1, 2011) are subject to a \$200 (U.S.) Late Fee.**





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