

Application for Pilot TEvW Training Evaluation Workshop

Complete and return this form to **TEvW Co-ordinator Matthias Sell: institut@inita.de**.

I want to take part in the first **Pilot Training Evaluation Workshop** December 2nd - 4th 2009 in Budapest

I have met all requirements for the workshop and am requesting to take part in the TEvW
My field of application

Counselling ___ Educational ___ Organisational ___ Psychotherapy ___

I have examined at (name sites and dates):

(Minimum for PTSTA: at least five times, at least three sites)

My TSTA sponsor has examined at the following venues: (Minimum of 3 times at different venues over 5 years following the signing of the first or second training contract)

I enclose:

- A copy of my bank transfer or payment confirmation for the fee 465€ (**Paying in Euro:** Transfer directly to: Bank Code WCH ZH 12B, Account Number 0279-C2-632 960.5, UBS, rue du Rhone 8, Case postale 2600, CH-1211 Geneve 2) or see further details www.eatanews.com
- My Principal Supervisor's endorsement form
- I understand that it is a **PILOT** workshop according to the Outline and requirements of PTSC

Candidate's Signature:

Please print clearly:

Candidate's name:

Address:

Telephone:

Email: