

MAIN TRAINERS	photo
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NAMES

Degrees

Year born (mention if you agree)

ADDRESSES: HOME Post address, Tel, Fax, Mobile

E-mail, web site

OFFICE Name, Post address, Tel, Fax, Mobile

E-mail, site

LANGUAGE: first, other: spoken? Read? Understood?

STUDIES (University or Higher professional education)

TRAINING received in PD (main trainer(s) and which years) and in other psychotherapy orientations

TRAINING given in PD, at what institute(s)? Since when? Responsibility? Any training abroad? Links?

Tell us about YOUR SELF in whatever way you like. Tell us about your FUNCTION (s) and positions occupied (present and important past);

The training ORIENTATION you have,

Concepts, values IMPORTANT for you, subjects of interest or research;

MEMBERSHIP of professional and social organisations;

PUBLICATIONS.