



# EMDR

(Eye Movement Desensitization Reprocessing)

## Work Shop (Level I)

### Application Form

1. Name .....
2. Address .....  
.....
3. Telephone ..... e-mail.....
4. Date of birth ..... Age.....
5. Languages Fluently Spoken .....
6. Educational Qualifications .....  
.....
7. Counseling/Psychology Qualifications.....  
.....
8. Counseling/clinical Practice:-
  - (a) When did you begin to do Counseling Practice (Year) .....
  - (b) Place .....
9. Current Counseling Practice (Place) .....
10. Why you are interested in EMDR .....

Signature:

Date: