

## Training course application form

- First Name:
- Last Name:
- Email
- Telephone:
- Core of profession
- Country of license
- Name of clinic practice:
- Working institute (NGO, University , Public Hospital , Private clinic):
- Region/City/Town:
- Client group(Adults, children):
- Language(Arabic,Kurmanji,Sorani,English,Other)

Email application form and documents to : [training@emdr-iraq.org](mailto:training@emdr-iraq.org)