

EATA European Association for Transactional Analysis

Training Endorsement Workshop Registration

Candidate's

Name: _____

Address:

Telephone:

email _____

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Field (*please tick*): ____ Counselling ____ Educational ____ Organisational ____
Psychotherapy

CTA EXAM passed on (date and place) _____

I am a member of EATA (*please tick*) YES ____ NO ____

I am member of the following National Association _____

I hereby register for the TEW:

venue _____ dates _____

TSTAs I plan to ask for endorsements

Names _____

The language of the TEW is English. I am aware that PTSC is not providing translation. For further information please consult EATA Training and Examinations Handbook Section 10

Do you bring a translator? (*please tick*) YES _____ NO _____

Do you want to share a translator? (*please tick*) YES _____ NO _____

Name _____ of _____ the _____ person _____ you _____ share _____ your
translator _____

I enclose a copy of my bank transferral documents and of my CTA certificate

Date, venue.....

Signature