

**EATA European Association for Transactional Analysis
Training Endorsement Workshop Registration**

Candidate's
Name: _____

Address: _____

Telephone: _____

email _____

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

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