

EUROPEAN FAMILY THERAPY ASSOCIATION

TRAINING INSTITUTES CHAMBER

**PLATFORM OF EXCHANGE BETWEEN TRAINERS**

**INSTITUTE MEMBER INFORMATION FORM**

|  |  |
| --- | --- |
| **Institute Name** |  |
| **Year of Establishment** |  |
| **City / Country** |  |
| **Director** |  |
| **Focus of Institute’s Approach** |  |
| **Names of Trainers** |  |
| **Field of Trainers’**  **Specialization/ Interest** |  |
| **Recent developments** |  |
| **Recent Training events** |  |
| **Person of Contact**  **(name, email, tel.)** |  |

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[www.efta-tic.eu](http://www.efta-tic.eu)

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