



**EFTA - TIC**

**EUROPEAN FAMILY THERAPY ASSOCIATION  
TRAINING INSTITUTES CHAMBER**

**Nomination Form for Election to the EFTA-TIC Board**

Recent Photograph

**1. Name of Candidate:**

**2. Profession:**

**3. Name of Training Institute:**

**4. Address:**

**5. E-mail:**

**6. Website:**

**7. Tel:**

**8. Fax:**

**8. Brief Description of Training Institute:**

**9. Brief Description of the Candidate:**

**10. Statement of Intent (proposed contributions to EFTA-TIC):**