

APPLICATION FOR THE TRAINING ENDORSEMENT WORKSHOP Form 12.10.1

This form must reach the	IBOC Office no les	ss than 8 months prior to	date of the TEW.
Keep a copy for your per	sonal file.		
Full name of candidate:			
e-mail address:			
telephone (mob	ile):		
Field of application (tick	(x):		
Counselling	Education	Organizations	Psychotherapy
Place of the TEW: Date:			te:
Language (tick):	_		
	_ Other (state)		
	It is the candida	ate's responsibility to arrai	nge for a translator.
		ion and the endorsement le comes active after receipt of	etters, the IBOC Office will invoice of the payment.
	, ,	•	ent letter (Form 12.10.2) must be e onths prior to the date of the TEW
Endorsement letters (Fo	orm 12.10.2) from tv	wo TSTAs must be e-maile	ed or uploaded latest 4 weeks prior
to the start of the TEW			
I agree to abide by the IT	AA statement of eth	nics.	
Signature:		D	ate: