

**Non – Delegate Working Group member**

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| --- | --- |
| Name |  |
| Working Group |  |
| Nationality |  |
| Email address |  |
| DMT Professional Qualifications,  Supervisor, Private Practitioner etc. |  |
| Which DMT training program did you attend? |  |
| Academic titles and professional experience? |  |

Do you agree to share this information on the EADMT website?

Yes ( ) or No ( )

Many thanks for your time & collaboration!