



Cyprus Red Cross Society
Psychosocial Support Program

Community Based Psychosocial Support Training

Participant's Registration Form

Please complete the following and return to the address given below, before 29/5/2016
reliefcoord@redcross.org.cy

Name/ Surname:

Phone number:

Email:

Age:

Sex:

Training language:

English:

Greek:

How would you describe yourself:

(Please include: character traits, hobbies, interests, goals, educational background etc)

Experience working in the field of psychosocial support and/or other related areas:

Please note that this is not a pre-requisite to the training workshop.

Experience with the International Red Cross Red Crescent Movement:

Please note that this is not a pre-requisite to the training workshop.

Expectations for the training workshop:

Issues you would like to see addressed in the workshop:

***Please note that there is a limited number of participation and that received registration forms beyond the below date, will not be accepted for this training.**

Please return the completed form at the address given below before the 29th of May 2016 at the following email address:
reliefcoord@redcross.org.cy