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 24/10/2015**

**Name/ Surname:**

**Phone number:**

**Email:**

**Age**:

**Sex:**

**Training language:**

**English:**

**Greek:**

**Educational Background:**

Cyprus Red Cross Society

Psychosocial Support

**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 of the training workshop:**

**Issues you would like to see addressed in the workshop:**

**Limited number of participation.**

**Please return the completed form at the address given below before the 24th of October at the following email address:** [**reliefcoord@redcross.org.cy**](mailto:reliefcoord@redcross.org.cy)