

APPLICATION FOR TRAINING

# Healing Developmental Trauma (NeuroAffective Relational Model<sup>®</sup>, NARM<sup>®</sup>)

Please fill in the form. You can either use Adobe Acrobat, or print it out and fill it by hand and scan it.  
Email the completed form along with a short CV and your photo to:

[karima@mudita-institute.com](mailto:karima@mudita-institute.com)

Your information will be kept confidential.

Payment conditions ***To be announced.***  
Payment possible in 4 instalments.

ENTIRE TRAINING

**500 €**  
Payable by October 2027.

REGISTRATION FEE\*

\* **The registration fee is a non-refundable initial fee** that covers the costs of recruiting participants and at the same time constitutes a commitment that the place reserved by the participant will be used by the participant.

## Your information

First name

Last name

Street

ZIP Code

City

Phone number

Email

# Questionnaire

**1.** I participated in an introductory seminar for NARM® in

at

**2.** What is your professional background? What are you trained in?

**3.** What is your professional work right now? How much professional experience do you have?

**4.** What trainings in the psychological and therapeutic field did you attend and complete?

**5. What specific trainings in body-oriented psychotherapy did you attend and complete?**

**6. What do you expect from the participation in the NARM® training personally and professionally?**

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**Date**

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**Signature**

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