# *Exchange at the Cross-Debriefing* Training Registration.

Date of Training :

Place of Training :

|  |
| --- |
| **Applicant Information** |
| Name and Surname |  |
| Date of birth |  |
| Gender | \_\_\_M \_\_\_F |
| Nationality |  |
| Marital status  | Single/Married/Divorced/Separated |
| Email Address |  |
| Phone number |  |
| City, Country serving in |  |
| Organisation |  |
| Title/Role in organisation |  |
| Total years/months in the field |  |
| What is your involvement in member care? |  |
| How do you expect to use this training in the future? |  |
| Please explain any training or experience you have had in pastoral care and or debriefing? |  |
| What expectations do your organisation or church have for you to use this training? |  |
|  |  |

**Do you have any questions?** List them below this line.