

Application for SE Students in Spain

Name

Address

Telephone (home) (work)

Celular _____

E-mail _____



1) CV and professional biography. Work history and how you plan to apply SE to your work and life.

2) Your strengths and challenges as a therapist (if applicable)

3)A brief explanation of your experience with trauma, both personal and professional.

DATA PROCESSING - Information clause

Responsibility: Identity: Fuensanta Muñoz de la Cru Somatic Experiencing Spain z - Tax ID: 30480007Q.
Postal address: Santiago de Compostela, 28 4C 28034 Madrid; Telephone: 610545321; E-mail: info@somatic.es

We treat the information you provide in order to use it exclusively for the provision of services related to the organization, management and administration of Somatic Experiencing's Training, to provide better and appropriate training assistance by the teaching team, as well as to invoice it.

The legal basis is the achievement of the Training Agreement.

The data provided will be retained as long as necessary for the successful completion of the training.

The data will not be passed on to third parties unless there is a legal obligation to do so.

You therefore have the right to access, rectify or request the deletion of inaccurate data when the data are already necessary for the purposes for which they were collected.

More information on Data Protection at: <https://somatic.experiencing.es/politica-de-privacidad/>