



STUDENT TRAINING AGREEMENT SOMATIC EXPERIENCING © TRAINING SPAIN

I, the undersigned, hereby agree to the following:

1. I am participating in the Somatic Experiencing Professional Training (“Training”) of my own will and volition and voluntarily agree to all the terms and conditions of this Informed Consent and Release Agreement (“Agreement”).
2. I agree that any participant’s personal data that I have access to, including but not limited to email addresses and telephone numbers, has been collected by Fuensanta Muñoz de la Cruz (Organizer) and the THE FOUNDATION FOR HUMAN ENRICHMENT, D.B.A. SOMATIC EXPERIENCING® TRAUMA INSTITUTE (FHE) for the sole purpose of training-related communications, and shall not be used otherwise. (See below for DATA PROCESSING)
3. I agree that all personal information of any participant relayed within the Training is strictly and completely confidential. I shall not disclose any of this confidential information to any other person or entity under any circumstances.
4. I agree that I will not disclose a participant’s personal data to any other individual or entity. I agree that the personal data will not be used by myself or on behalf of any other individual or entity for any purpose, including but not limited to, any form of promotion for the publicity of trainings, seminars or workshops, newsletters or any other goods and services.
5. I agree that any video recordings made by the Organizer during the Training are the sole property of the Organizer.
6. I agree that I shall not make any audio, video, audiovisual, or other recordings of any portion of the Training nor shall I duplicate, reproduce, distribute, publish, or discuss any of the confidential information contained in or related to the Training, and any Training materials given to me by the Organizer.
7. I agree that FHE and the Organizer shall not be liable or responsible for any unauthorized recording of any Training or other Somatic Experiencing or Organizer event. I also agree that neither FHE nor Organizer shall have any liability or responsibility for the use or exploitation of any unauthorized recordings.

8. The Organizer will provide me with a personal online Student Portal, accessible by password, where documents for the training and videos will be posted. I understand that the course manuals and other materials made available to me through this portal are and/or of a confidential nature and should not be distributed.
9. If I agree to participate in the Training as the subject of a demonstration, I am doing so voluntarily and at my own risk. I understand that the demonstration session may include questions about my personal trauma history and emotional, psychological, and physical symptoms I may be experiencing. I further understand that I am under no obligation to participate in the demonstration, and that I may refuse to answer any question, pause, or discontinue my participation in the demonstration at any time at my own discretion. The Organizer does not hold any liability or responsibility for my participation or involvement in any demonstration, and I accept that any result or no result may occur due to my participation or involvement.
10. I understand that confidentiality requires that I do not discuss personal information disclosed by other participants to anyone, unless I am given express permission by the individual concerned. Trainers and Assistants also hold personal information confidential, but I understand that they may discuss individual students during staff meetings, as part of ongoing assessment, and in order to best support their training.
11. I acknowledge that Somatic Experiencing (“SE”)® is a basic concept for the resolution of trauma. It is not a stand-alone psychotherapeutic or bodywork therapy nor does obtaining a Somatic Experiencing Practitioner (“SEP”) Certificate provide me with a license to practice psychotherapy or bodywork.
12. I agree that, in the event that Training faculty request that I discontinue or postpone my participation in the Training, I will fully comply. I shall receive a full refund for any portion of the training not completed. I hereby release any and all claims against FHE or the Organizer related to any discontinuation of my involvement in the Training.
13. I acknowledge that the curriculum of the Training includes 36 (thirty six) training days, of a minimum of 6 (six) hours each. **I agree that attendance at all 36 days is mandatory. I acknowledge that as an experienced adult learner, I am solely responsible for reviewing any information missed during the course of the training. If, due to personal or emergency circumstances, I am unable to attend more than two consecutive days of the Training, it is my responsibility to review the missed training content from a source supplied by the Organizer. In addition, I agree to an extra fee-based supervision hour for each day of non-attendance to cover any missed experiential exercises. These sessions are not included in the number of supervision sessions required for certification.**
14. I acknowledge that to meet the certification requirements to qualify as an SEP, I am required to complete 36 (thirty-six) days of authorized attendance at the Training, and to undertake a minimum of 15 (fifteen) personal SE sessions and 18 (eighteen) case

consultation credit hours, received from an SE provider approved by FHE. **As well as respect the class schedule.**

15. I agree that in order to receive my SEP certification, a minimum of 10 (ten) personal sessions must be completed with the approved Assistants in my Training. The remaining personal sessions may be completed with any SEP who has received approval to offer the required sessions for certification.
16. 6 (six) sessions of my case consultations (of the 18 mandatory) must be completed with an SE Faculty Instructor.
17. I acknowledge and agree that the cost of personal SE sessions and case consultations is not included within the training fee and is considered to be under private agreement between the session provider and myself.
18. If Training faculty determines that a reasonable level of proficiency has not been reached during the Training, the Organizer retains the right to defer certification until faculty recommendations have been completed, including but not limited to further SE sessions and supervisions. I agree that I am solely responsible for any additional costs that may be incurred.
19. I acknowledge that certification is conferred upon submission from the Organizer of my original personal SE session, case consultation and attendance logs that I agree to maintain and will provide to the Organizer **within 2 years** of completing the Advanced Level of the Training.
20. I agree that I may commence using the title SEP in reference to myself and my skills and qualifications only after I have met all certification requirements and received an SEP Certificate endorsed by official seal.
21. I agree that I may commence advertising the use of SE within my practice upon completion of the Training module Beginning 2 (II/III), on the condition I have received a minimum of 4 (four) personal SE sessions and 4 (four) SE case consultations from an SE provider. I agree to explicitly indicate the Training level I have attained by use of the correct term applicable to that level, that being the relevant term of Beginning Level Participant, Intermediate Level Participant or Advanced Level Participant.
22. I agree that I may commence using SE skills and interventions within my practice upon completion of the Training module Beginning I/II. In doing so I agree to inform any client of the Training level I have attained using the correct description applicable to that level: Beginning Level Participant, Intermediate Level Participant or Advanced Level Participant.
23. I agree that both FHE and the Organizer neither endorse nor recommend any of the participants who attend the Training; do not make assurances that the qualifications or services of any Training participant would be suitable for the needs of a particular individual;

are neither liable nor responsible for any actions or services provided by participants attending the training nor any person qualified as a SEP.

24. I acknowledge it is my own responsibility to obtain adequate insurance cover for using SE within my own therapeutic practice.
25. I agree to assume personal responsibility for my physical and psychological wellbeing during the Training. I agree to notify the Organizer of any health issues, including pregnancy, which may be affected by or affect my attendance at the training. I acknowledge that it is possible that due to health issues, and after joint discussion with the Organizer and the Instructor, I will be asked to postpone attendance at the Training. If I continue the Training I do so at my own risk.
26. I understand that no individual under the influence of non-prescription drugs or alcohol will be permitted in the Training, under any circumstance.
27. The Organizer, the Instructor, and the Training Team (assistants and others) accept no responsibility or liability towards the participant for any adverse effects that may occur during the training program, including but not limited to those of a psychological, physical or financial nature. This disclaimer also applies to the dependents of the participant.
28. I agree to respect the house-keeping rules of the venues reserved for the trainings, and that the Organizer will not be held responsible for any damages that may accrue from extemporary actions taken by myself in regard to the venue and its property.
29. Cancellation policy and changes of dates:
 - a. In case of cancellation up to two months before the start of the workshop, 75% will be refundable; before one month, it will be 50%.
 - b. Within the month prior to the start of the workshop, reimbursement will not be possible except in justified cases of force majeure (in any case, reservation of a place is not refundable).
 - c. The Organization reserves the right to cancel the courses, as well as to change the dates when circumstances require it for organizational or planning reasons, although it will carry out all the necessary actions to meet the deadlines previously announced.
30. I acknowledge that if any clause within this agreement is in whole or in part invalid or unenforceable, or loses its validity or enforceability, the remainder of the agreement shall not be affected. Instead of requiring that an invalid or unenforceable clause be replaced with a valid clause, the general purpose and meaning of the clause will be adhered to by the contracting parties fully that it is legally possible to do so.
31. By my signature below, I acknowledge that as a participant in the Training, I have read and I understand this information and agree to the terms stated.

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 (personal data, CV, and that included in the application form) 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/>

Signature:

Date:

Name