**Full Name:** …. **email:** ….

**Focusing Profile A:** (choose everything that applies)

Basic training Focusing Trainer

Focusing Professional Focusing Therapist

Coach Other

Other: ………….

**Focusing Profile B:** (you may answer the following questions)

**How (if at all) do you use Focusing in your professional life?**

**Which (if any) Focusing organizations do you belong to?**

**What are your general areas of interest and expertise?**

**Focusing Profile C:** (choose everything that applies)

Individual Focusing Coaching

Partnerships Dreams

Interactive Focusing Whole Body Focusing

Groups TAE (Thinking At the Edge)

Counselling Supervision

Psychotherapy Pain

Children Stress

Community Wellness Refugees

Communication

Teaching Other

Other: …………

**Focusing Profile D:** EFA Groups that I would like to participate in

(choose everything that applies)

Steering group Administration

Certification Summer school

Annual Meeting Internet and Social Media

European FO Coaching Programme European FO Counselling Programme

European FO Therapy Programme European FO Supervision Programme

Have you any other Group to suggest? : ……….

**Focusing Profile D:** (you may answer the following questions)

**Is there anything else you’d like us to know about you?**

**Are you willing for this information to be shared with other EFA participants?**