**Name and Surname:**

**E-mail address:**

**Phone number:**

**I am a mental health professional**

[ ]  Yes (under full material and criminal liability, I confirm that I am a professional in the field of mental health or in education for one of the professions in the field of mental health according to the applicable legal norms in the country where I perform my activity)

[ ]  No

[ ]  I want to become a mental health professional

**Ja sam:**

[ ]  Psychiatrist [ ]  Theologian

[ ]  Psychologist [ ]  Social worker

[ ]  Pedagogue [ ]  Andragog

[ ]  Defectologist [ ]  Speech therapist

[ ]  Physician [ ]  Other (write in):

[ ]  **Certified** psychotherapist (approach/modality: )

[ ]  Psychotherapy **student** (approach /modality: , year: )

**I accept the notification and agreement on confidentiality and possible recording of the seminar**

By accepting the confidentiality agreement, I confirm that I am a mental health professional/in education to become mental healt professional who has been informed that signing a confidentiality agreement is one of the basic requirements of the profession and that, if I have not signed one so far, I am entering into a confidentiality agreement with this acceptance.

I also hereby accept that the material presented at the seminar may contain content that is confidential or legally regulated and that such material may therefore be used exclusively for personal purposes, for the sake of my personal professional development. I especially emphasize that I accept that the examples given during the seminar,

either by participants or lecturers/organizers in relation to themselves or in relation to their clients I will not share in any form with anyone (retelling, in oral, writing, electronic or any other form, sharing of video - if one exists etc.) in order to maximally protected the end client(s),

regardless of the fact that they is/are already protected by the very method of presentation and the impossibility of identification.

I have been informed that, if the organizer decides to record the seminar, my (and every other participant’s) consent for recording the seminar would be requested and that my attendance at the seminar will not be possible without me consenting for the recording.

[ ]  I accept [ ]  I don't accept

**I accept the general conditions** (you can read the conditions at the link [General terms and conditions](https://natas.org.rs/en/general-conditions/))

[ ]  I accept [ ]  I don't accept

**I accept the cancellation policy** (you can read the cancellation policy at the end of the page where a notification about the seminar is)

[ ]  I accept [ ]  I don't accept