**ROUTER TRAINING INFORMATION FORM**

This form must be filled out in English but you can also additionally submit it in your own language if so wished. This form must, together with the Yearly Self Evaluation Form and the Supervision Evaluation Form be sent to the Regional Organizer by the 31st of December of each year.

## Personal

|  |  |
| --- | --- |
| Name |  |
| Address |  |
|  |  |
|  |  |
| Email address |  |

# Router Status

|  |  |
| --- | --- |
|  | Year |
| Accepted as IAAP Router |  |
| Passed Intermediate Exam (if applicable) |  |

**Personal Analysis**

|  |  |  |
| --- | --- | --- |
| Analyst’s name | Hours face to face | Hours by phone or Skype or email, please specify |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Total hours of analysis till now\* |  |  |

**\*For totals, right click on number, left click on “update field”**

**Individual Supervision**

|  |  |  |
| --- | --- | --- |
| Supervisor’s name | Hours face to face | Hours by phone or Skype or email, please specify |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Total hours\* |  |  |

**\*For totals, right click on number, left click on “update field”**

**Group Supervision**

|  |  |
| --- | --- |
| Supervisor’s name | Hours  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Total hours\* |  |

**\*For totals, right click on number, left click on “update field”**

**Didactic Training**

|  |  |  |
| --- | --- | --- |
| Course Title | Name of Instructor | Hours attended |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |