**YEARLY SELF-EVALUATION FORM FOR ROUTERS**

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 Router Training Information Form and the Supervision Evaluation Form be sent to the Regional Organizer by the 31st of December of each year.

**Candidate Name**

Please give, in your own words, a brief assessment of what you consider to be your strengths and weakness in the following areas and any progress you feel you have made over the past year:

1. **Theoretical Knowledge**
2. **Clinical practice**
3. **Understanding of transference and countertransference dynamics**
4. **Ability to maintain an analytical frame**
5. **Understanding and interpretation of symbolical material**
6. **Capacity to use supervision**
7. **Ethical awareness**
8. **Capacity to work in a group setting**