



## STUDENT TRAINING AGREEMENT SOMATIC EXPERIENCING® SPAIN

The undersigned subscribes to the following conditions:

1. I hereby participate in the Somatic Experiencing® (SE, hereafter) Official and Professional Training of my own free will, accepting the terms and conditions of the present disclaimer.
2. I hereby authorize Fuensanta Muñoz de la Cruz, Organizer of the SE® Spain Official Training, for the purposes of the provisions of the Organic Law on Data Protection, to provide the following data to the *Foundation for Human Enrichment, D.B.A. Somatic Experiencing® Trauma Institute* (FHE, hereafter): Name and surname, postal address, telephone number, e-mail address, education, and professional occupation. FHE will process such information for internal use only and will not share it with third parties.
3. I agree that the personal information of all training participants is strictly and completely confidential and I undertake not to disclose, under any circumstances, any of it to third parties outside the training.
4. I authorize Fuensanta Muñoz de la Cruz and the Organization to videotape the SE® training. I understand that such recordings will be for educational purposes only and will be treated confidentially. I release Fuensanta Muñoz de la Cruz and the Organization from any liability in connection with the use that third parties may make of such material.
5. The recordings provided by SE Spain belong to the Organization and are for students' exclusive use only. It is forbidden to copy, duplicate, reproduce, or distribute them (in whole or in part), as well as its use by anyone outside the official training. I also commit to maintaining absolute confidentiality regarding their viewing, without permitting their copying or disclosure to third parties.
6. The manuals that are provided by the Organization shall not be copied or disclosed, being of exclusive use of the student for the purposes of the training.
7. I agree not to make any audio, video, or audiovisual recording of the training, as well as not to duplicate, reproduce, distribute or publish any confidential information contained in or related to the training, or any other material provided by the Organization.
8. I release the Organization and FHE from any liability arising from any unauthorized recording (and possible use or exploitation) made in the course of the training.
9. I understand that the material and/or documents made available by the Organization by electronic or telematic means and accessible by username and password are confidential, for the exclusive use of the student and shall not be disclosed.
10. In the case a student participates in a practical demonstration exercise during the training, s/he understands that s/he does so voluntarily and under his/her own responsibility. The demonstration session may include questions about the student's personal history with trauma, and emotional, psychological or physical symptoms may arise and be experienced during the demonstration. I understand that I am not obligated to participate in the

demonstration and that I may refuse to answer any questions and may interrupt it at any time at my discretion. The Organization has no responsibility for my participation or involvement in any demonstration and I understand and assume the contingencies that may occur in the demonstrations in which I participate.

11. I understand that confidentiality implies not disclosing any information shared by any participant during the training unless express authorization is given for its use. Instructors and Assistants will keep such information confidential as well, although I understand that it may be subject to analysis and discussion in the meetings of the Teaching Team should they deem it appropriate for the development of the training.
12. I understand that SE® is a basic conceptual framework for the resolution of trauma and not a stand-alone body therapy or psychotherapy. I also understand that I am participating as a student in a teaching context and that this context is not to be treated as a therapy focused on my own personal growth. Finally, I also understand that obtaining the Certificate as a Somatic Experiencing Practitioner (SEP) does not qualify me to practice as a psychotherapist or body therapist.
13. To ensure the physical and psychological well-being of the students, I agree to accept the decision of the Teaching Team (Instructor, Assistants and Organization) in the event that they consider that my participation in training be suspended or postponed if I am deemed unfit to continue. I will receive a proportionate part of the cost of tuition for the unfulfilled portion of the training. I hereby release the Organization from any liability related to the interruption of my participation in the training.
14. I understand that the training curriculum includes 36 days, each lasting a minimum of 6 hours. I understand that attendance to the aforementioned days is mandatory. If, due to personal circumstances or force majeure, I am unable to attend more than two consecutive days of the training, it is my responsibility, as an adult student, to study and review the material for the days I did not attend through the means provided by the Organization. I further agree that the hours of additional make-up sessions with a Senior Assistant (one hour per day of absence), will be at a cost not included in the tuition. Likewise, I understand that such sessions are not included in the number of sessions required for certification.
15. I understand that to obtain my certificate as Somatic Experiencing Practitioner (SEP), all students are required to: (i) attend the 36 days that make up training, and (ii) receive the minimum of compulsory sessions and supervision: 20 hours of individual session and 20 hours/credits of case consultation (3 hours of group case consultation equals one hour of individual supervision). I also agree to respect the class arrival and departure times.
16. I agree that, in order to obtain the SEP certification, at least 15 hours of individual sessions are required to be received with the Assistant Providers of the Training. The rest of the required individual sessions (5) may be completed with any Provider formally qualified to do so, whose status must be reported to the Organization.
17. I agree that 6 credits of the required 20 credits of supervision must be done with an Instructor from the team of SE Teachers. In addition, 12 credits of supervision must be individual.
18. I acknowledge and agree that the cost of personal and supervision sessions is not included in the tuition and their cost is stipulated by the Organization.

19. If the Instructor determines that I have not reached an adequate level of competence, the Organization reserves the right not to issue the certificate until the recommendations of the Teaching Team have been satisfied, including subsequent sessions and supervisions. I assume any costs that may arise as a result.
20. I acknowledge that the SEP certificate is awarded upon submission to the Organization of all records of my personal sessions and supervisions, and I agree to maintain and provide within the next two years (after completion of the Advanced level) such records in order to obtain the above-mentioned certification.
21. I agree to using the title of Somatic Experiencing Practitioner (SEP) in relation to the skills and qualifications acquired, only when I have achieved all the required certifications and received the SEP certificate endorsed by the corresponding official seal.
22. I agree to start using SE® in my professional practice once I have completed the Basic 2 (II/III) module (in the case of on-site training) and Basic III in the case of the online training, on the condition that I have received a minimum of 6 individual sessions and 5 credits of supervision. I also undertake to explicitly indicate to clients the level of training I am at (Basic, Intermediate or Advanced).
23. I agree that I can start using the SE skills acquired in the training in my practice once I have completed Basic I/II and Basic III, of the on-site and online training, respectively. I agree to inform any client of the last level of training in which I have participated.
24. I agree that both FHE and the Organization do not endorse or recommend any participant in the training; that they do not ensure that the services or qualifications of training participants are appropriate for the needs of clients; and that they are not responsible for any actions or services provided by participants attending the training or any person qualified as a SEP.
25. I acknowledge that it is my responsibility to obtain adequate insurance coverage in my own practice.
26. I agree to take personal responsibility for my physical and psychological well-being during the training. I also agree to notify the Organization of any aspect of my physical and/or mental health (including pregnancy status, drug treatment, etc., that may affect me or my attendance at the training). I accept the possibility that, due to health issues, and after deliberation by the Instructor and the Organization, I may be invited to postpone my attendance to the training.
27. I understand that under no circumstances is the presence of participants who are under the influence of alcohol or drugs permitted.
28. The Organization, the Instructor and the Assistants assume no personal or legal liability for any adverse effects that may occur during the training, including (but not limited to) those of a physical, psychological or financial nature. Nor do they assume any such liability with respect to any dependents of the participants.
29. I agree to abide by the rules established at the training location, without any liability to the Organization for any damage that may arise from my actions in connection with such location and its property.
30. Cancellation and date change policy:

In case of cancellation up to three months before the beginning of each level, here understood as a single didactic block made up of several modules, 75% of the tuition will be refundable. Before two months, 60% will be refundable. If it is the first year of training, the refund does not include:

- The €400 advance payment for the intermediate and advanced levels in both modalities.
- The discounts for early payment in both training modalities.

Within the two months prior to the start of each level (with their respective modules), reimbursement will not be possible except in justified cases of force majeure (operation, accident, or serious illness) accredited with medical proof.

In all cases, a €150 administration fee will be deducted.

In all cases, the reservation fee (€500) is non-refundable.

The Organization has the right to cancel courses, as well as to change dates when circumstances so require due to organizational issues, although the Team will take all necessary actions to meet the deadlines previously made public. The Organization also reserves the right to adopt the online modality for organizational reasons or due to force majeure (e.g. COVID-19).

31.I agree that if any of the terms of this document, in whole or in part, is invalid or unenforceable or becomes invalid or unenforceable, the remainder of the agreement shall not be affected.

32.The undersigned acknowledges that, as a participant in the training, he/she has read and understood the information contained herein and accepts it in its terms.

#### **Data treatment – Informative clause**

Entity in charge:

CRUFACE S.L.

CIF: B88041462

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info@somatic.es

The information (personal data, CV and the information included in the application form, etc.) is used exclusively for the provision of services related to the organization, management, and administration of the SE training, to provide a better and adequate training assistance, as well as to carry out the invoicing of the same.

The legal basis is Training Agreement.

The data provided will be retained for as long as necessary for the successful completion of the training.

The data will not be passed on to third parties except in cases where there is a legal obligation.

Students have the right to access the data, rectify inaccurate data or request its deletion when the data is no longer necessary for the purposes for which it was collected.

Name and last name:

Signature:

Date and place: