

**Appendix 3.**

**EMDR Association UK Application to Form a SIG**

<b>Name of Person Applying</b>	
<b>Email Address</b>	
<b>Telephone</b>	
<b>Name of proposed SIG</b>	
<b>Rationale of SIG</b>	
<b>Names of initial members (At least 10)</b>	
<b>Will you need to raise funds?</b>	
<b>Names of Committee members</b>	
<b>Chair</b>	
<b>Secretary</b>	
<b>Treasurer</b>	
<b>Ordinary Members (at least 2)</b>	

*Please complete this form and send to the Regional & SIG Groups Co-ordinator and the Secretary of the Association.*